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ABSTRACT

This parent guide and accompanying discussion guide were developed to help parents of children with mental handicaps learn how to teach their sons and daughters about relationships and sexuality. The book is written from the point of view that sexuality education involves three things: developing self-esteem, teaching social skills, and giving sexual information about bodies and feelings. It contains ideas that help parents to talk to their chid about body changes and sexual feelings and gives facts about varieties of sexual expression. It encourages parents to talk about sexual issues in the context of the family's values. The book contains chapters on making decisions about marriage, parenthood, sex without marriage, and birth control. It also offers facts about sexually transmitted diseases and sexual abuse. A section of additional readings lists 14 English-language items for parents, 22 English-language items for children and youth, 11 French-language items for parents, and 15 French-language items for children and youth. The accompanying discussion guide is designed to facilitate discussion by small groups of parents. It offers discussion points and group exercises for seven sessions which are correlated with chapters in the parent guide. (JDD)

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Shared Feelings

A Parent Guide to Sexuality Education for Children, Adolescents and Adults Who Have a Mental Handicap

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Shared Feelings

A Parent Guide to Sexuality Education for Children, Adolescents and Adults Who Have a Mental Handicap

Diane Maksym, M.Ed.

The G. Allan Roeher Institute

Shared Feelings and the accompanying *Discussion Guide* were written for the Maritime Parent Sexuality Education Project, a project sponsored by the Canadian Association for Community Living, Nova Scotia Division, Prince Edward Island Association for Community Living and New Brunswick Association for Community Living. The project was funded by the Department of National Health and Welfare, Ottawa, Canada.

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Preface

The goal of this book is to help parents of children with mental handicaps learn how to teach their sons and daughters about relationships and sexuality.

The book and accompanying discussion guide were developed for the Maritime Parent Sexuality Education Project. This two and a half year project was funded by Health and Welfare Canada and sponsored by the Nova Scotia, New Brunswick and Prince Edward Island Associations for Community Living.

The purpose of the project was to train parent educators to help groups of parents in each of the three provinces to become influential in the sexuality education of their children. During the first two and a half years of the project, two educators from each province facilitated programs for over 300 parents. Each program ran for 21 to 24 hours, usually once a week, sometimes twice a week. Parents of children with a wide range of ages and ability levels, some of whom also had physical disabilities, participated enthusiastically in the programs. In the last six months of the project, some parents from each province committed themselves to undertake extra training so they could continue to support other parents in their regions once the project was over.

The first draft of the book and discussion guide were extensively reviewed by the parent educators, by ten professional reviewers and by over fifty parents who participated in the parent programs. The teaching strategies were thoroughly tested and new ideas tried out. Parents observed changes in their children and in themselves. Mostly they said that both they and their children became more relaxed with one another. Thus, this final version of the book and discussion guide is a result of many heads put together to give other parents and educators a practical guide that works. We hope you find it helpful.

Note: You will notice that throughout the book, the use of "he" and "she" is alternated. This is done on purpose to avoid sexist references and to stress that all of the information is equally important for parents and children of both genders.

Acknowledgments

I should like to thank all the parents who generously shared their stories with me. I was touched by their trust in me as they talked openly about their intimate feelings, of their joys and their sorrows. Their determination to help their sons and daughters develop their potential in the face of often considerable obstacles moved me and deepened my own commitment to this project. Their stories gave me the impetus to write. This book and discussion guide would not exist without them.

I have been fortunate indeed to have Jan Catano as my editor for both the book and discussion guide. Her superb editing skills are enhanced by her enthusiasm for this work and her considerable empathy for parents. She helped me organize my ideas and suggested changes with clarity, diplomacy and tact, while respecting my need to proceed in my own way.

Colleen Abdullah, who designed the book and discussion guide, worked long hours to meet very short deadlines. Her creative work is a labour of love. She also suggested the book's title. She is the best friend anyone could have.

It has been a delight to work with Joanne Marriott -Thorne, Coordinator of the Maritime Parent Sexuality Education Project. She embodies a rare combination of administrative ability and skilled parent group facilitator. I very much value her support and friendship. Many thanks to Joanne and to project educators Jan Morrell (Nova Scotia), Joan Paquette and Sandi MacKinnon (P.E.I.), Michele Mazerolle and Dixie van Raalte (New Brunswick) for their support, for their careful review of the book and excellent suggestions for revisions to the discussion guide. It has been a joy to share in their enthusiasm for their work with parents. A very special thank you goes to Jan Morrell for her insightful comments and suggestions for parts of the second draft of the book and for her revisions to Session 2 as well as other parts of the discussion guide. I value greatly both her friendship and her competence as a skilled and empathetic parent counsellor.

I should like to give special thanks also to Sandra Carroll, who, while studying at the Ontario Institute for Studies in Education,

helped with the research and organization of some of the ideas for teaching social skills.

Colleagues in Nova Scotia, Ontario and Alberta also read the first draft of the book. Their validation of the ideas in the book and constructive comments have given me much encouragement. To the over sixty parents who reviewed the first draft and tried out the teaching suggestions, I thank for their affirmation and support. At low points in the difficult process of writing, their comments helped me feel that the process was all worthwhile. They gave me the energy I needed to complete this project.

Thanks also go to Joan Macintosh, Chairperson, and to all members of the steering committee of the Maritime Parent Sexuality Education Project for their faith in me and for their commitment to the project.

I extend a special thank you to Cathy Coffin, Project Officer for the Health Promotion Directorate and to the Department of National Health and Welfare for providing the grant that made this project possible.

Finally, I give very special thanks to my family, husband Joe and sons Geoff and Ted for their patience in unravelling my computer faux pas and for helping me overcome my computer anxiety.

Introduction

> *I teach young adolescents and I was curious to compare what was happening to them with what was happening to Susan. When she was about 12, I noticed that the play with her Barbie dolls had changed. It went from taking their clothes on and off, brushing their hair and so on to having two dolls act out situations and doing the voices for each. A lot of the conversation was of a sort of sexual nature. They were talking about making love or making babies or going to bed together. I think she was trying to understand her own new interest in sex, her own sexual development, trying to understand the nature of a relationship between a man and a woman. She chose to do this, not by talking to us directly, but by working it out with the dolls. What I learned was, she is no different than the other kids.*
>
> — Bob

More and more often, children with mental handicaps are growing up at home, making friends in the community and going to neighborhood schools. Some children are in regular classrooms. Parents want their children to have the same opportunities as everyone else and to live as independent a life as possible. But they worry about whether or not their children can learn to cope safely and responsibly with the social scene. These are some of the concerns they have shared with us.

> *Will my child ever learn to act properly with others? He hugs everyone he meets, no matter who it is.*
>
> •
>
> *My son discusses private family matters with perfect strangers. It's so hard for him to remember who he can tell what.*

How can I teach my small daughter the give and take of play with others? She wants everything her way. The other kids don't want to bother with her.

My daughter would go with anyone. She's so trusting. One kind word and she'd be gone. I worry she'll be sexually abused.

My son has a girlfriend at school. He says he wants to marry her and have a baby. I know they do a lot of necking. What do I do?

How do I prepare my daughter for menstruation? She screams at the sight of blood.

My son has a lot of extra needs. He does not seem very interested in other people. Is there anything he needs to know about sex? How would I teach him?

My daughter gets teased and bullied at school. How can I help her without getting involved myself in every little incident?

I don't think my daughter could manage a marriage. Yet I think she has a right to have a sexual relationship. But sometimes I just don't know how I feel about that.

This book deals with questions like these and many others. It is written from the point of view that sexuality education involves three things:

1. developing self-esteem;
2. teaching social skills;
3. giving sexual information about bodies and feelings.

It contains tips that will help you to:
- help your children feel confident about themselves;
- help them learn how to make friends and how to be a friend;
- help them to learn the kinds of behaviour that are okay in public and the kinds that are only okay in private.

It also contains ideas that will help you talk to your child about body changes and sexual feelings. The book gives some facts about varieties of sexual expression and about many different sexual issues. To help you get started, we give some examples of words you can use. We encourage you to talk about any sexual issue in the context of your family's values.

Throughout the book, parents share their own experiences. They discuss their concerns and what they are doing about them. They share suggestions that they think would be helpful to other parents. (To protect their privacy, parent's names and those of their children have been changed.)

As you read the book, ask yourself what goals you have for your child and for yourselves. Picture your child as an adult. Will he live with you or away from home? Will he have friends? Will he be involved in community activities? Will he go to work? How will he get around? By bus, walking? Or will you drive him everywhere?

Some children have more needs than others. Some of your sons and daughters will be able to live more independently than others. One youngster may be able to date and to cope with the responsibilities of marriage. Another young person will be happy with having a close friend; still another will be content to be involved in social activities with a group.

Think of your child's growing up socially and sexually as climbing the steps on a ladder. You are giving her the opportunity to learn to climb. You teach her the skills little by little. You don't have to do it all at once. You let go little by little, allowing her to learn to climb on her own as far as she can. And remember that when your child slips, that's okay. She's going to make mistakes. You are not responsible for everything she does. Nor can you always protect her from all hurts.

One father said "We have to teach our child so much and we have to do it over and over. And now we're supposed to teach about sexuality too?"

The tips in the book are easy to fit into your daily routine. You will find that you're using many of them already. We hope the book is helpful.

Note: All the resources referred to in this book are listed in the reference section at the end of the book.

How Do *You* Feel?

PARENTS' FEELINGS ABOUT HAVING A CHILD WITH A HANDICAP

If the point of this book is teaching children about sexuality, then why is the first chapter about parents? Because we need to recognize and understand our own feelings, reactions and difficulties in order to help our children understand theirs.

The birth of a child with a handicap is never easy for parents to deal with. The process of coming to terms with the event can be long and painful. Conflicting feelings are inevitable:

- your joy in the birth of your baby, versus your sorrow at the fact of her handicap;
- your determination to help your child develop to his fullest, versus your exhaustion at realizing the effort this involves and your fear at what the world holds for him.

Many parents' feelings of pain and conflict surface in three areas:

CHRONIC SORROW

GUILT

MARITAL STRESS

In this chapter, we'll focus on each of these areas and use the ideas and experiences of other parents to illustrate both the problems and possible solutions.

CHRONIC SORROW

We used to think that parents "resolved" feelings of grief, anger or sadness at having a child with a disability and eventually came to "accept" the situation. We know now that it is more usual and normal for some of these feelings to remain, often under the surface, waiting to be retriggered by events such as birthdays, or milestones such as school entry, becoming an adolescent, or leaving school. It is at these developmental milestones that we realize more acutely than at other times that a child may not be achieving certain things "on schedule" such as reading, learning to drive, going to their first school dance, etc.

These feelings are natural and normal. Some parents experience them strongly; others not so much. At each new milestone, the sorrow may be less acute for many parents. For others one particular milestone may be felt very intensely. For instance, a child beginning adolescence, having her first period and starting to show interest in boys may be almost as stressful as the initial diagnosis. For another parent, a child leaving school and looking for employment may be particularly stressful.

> *For two years, I really did not celebrate Nancy's birthday. Then I realized that I was still mad that she could do such a thing as be born with Down Syndrome. Now as she develops I am learning to see the handicap less and to see her more as a person with all her gifts and faults. Last year when she was four she proudly played her first piano piece at a recital. It was one note repeated over and over and she did it in perfect rhythm. She marched up to the stage with such self-confidence and was so delighted. And I was ecstatic.*
>
> —— Brenda

> *The idea of chronic sorrow certainly rings a bell for me. Our son, now 17, has many needs. Each birthday seemed to bring so little change compared to other kids. It has taken many years and lots of hard work with him, with the school system and with other services to help him learn that being with people is fun. He never used to reach out to others or show that he enjoyed company. We've worked very hard to include him in family activities and integrated after school programs. Now he's in an integrated class at school. That has helped a lot. Last weekend he went to his first school dance and he was very excited to go. He did not really dance, but he was obviously so happy to be there with the other kids. That evening was one of the happiest I have experienced as a mother. What a milestone for him.*
>
> *Yes I think chronic sorrow is a normal experience. But we need to talk about the joy we feel when our children achieve a new development. For me, the sorrow can be very deep, but the joys are also very high. There does not seem to be any in between on the continuum between joy and sorrow. It is the joys, like Jason going to his first dance, that give us hope.*
>
> ——Janet

When dealing with chronic sorrow, it helps to accept that some recurring sadness is normal and to be expected. Simons, in *After the Tears*, suggests parents think ahead and plan for events that may trigger sadness. Do something that will help you through, such as being with a good friend, going somewhere together as a couple.

Try not to keep your feelings all bottled up.
Remember:

> *Shared joy is double joy; shared sorrow, half sorrow.*
>
> —— Alan Loy McGinnis,
> **The Friendship Factor**

GUILT

Parents collect guilt the way antique hunters collect old glass. It seems that as soon as a baby is born, someone fills a syringe and injects us with several ccs. of it. Parents who have children with disabilities often get an extra dose. How come? It may be because they think the child's problems are their fault (they are not); or because our society does not yet really value people who appear a bit different from whatever is considered "normal". Parents of children with extra needs also spend a lot of time at doctors' offices, at physio or speech therapy, at parent-teacher meetings. Each professional has a different view of the child and gives different advice. It can seem at times that no matter what we do, someone is sure to tell us that it's wrong.

Most parents take their job very seriously. (You would not be reading this book if you did not.) They try to be perfect at it. They often have unrealistic expectations of themselves and of their children. As one mother said, "I feel it is a reflection on me as a mother if my son screws up in public."

During one parent meeting, parents good-humouredly drew up a list of things they felt guilty about. Draw your own conclusions!

- expecting too much from their children
- not expecting enough
- being too strict
- not being strict enough
- working away from home
- not working away from home
- following the "experts" advice when you know you are right
- not following the "experts" advice
- not playing with the children,though you spend whole days with them

- playing with them so much you don't have time for yourself
- being too involved with the Association for Community Living
- not being involved enough with the Association for Community Living
- feeling ashamed of a child for one reason or another
- feeling ashamed of yourself if he behaves badly
- being a single parent
- not having the best doctor, dentist, speech therapist,etc; someone else's is always better
- not taking enough pictures
- leaving a child with a sitter
- pet guilt: resulting in getting an animal even though you hate it
- piano and other lessons guilt
- not feeling guilty at all!

Guilt can be bad for the health. It causes stress and can make us ill. It can also affect our self-esteem. If we can't avoid it, how can we make it easier to live with?

Become more selective about guilt.
Divide it into earned and unearned guilt. Earned guilt comes when we do something hurtful, dishonest or tacky. Give it a couple of hours of regret, just long enough to learn from it and then let it go. Then there is the unearned kind of guilt, the kind to which parents are most susceptible.

In her book, *Celebrate Yourself,* Dorothy Corkille-Briggs says it is important to separate our person from our behaviour, thoughts and feelings. Every guilt-ridden parent believes: "I am what I do". This self-image needs to change. Sometimes our behaviour may need to change but we are not our behaviour. If we have assigned ourselves the label of bad parent, changing any of our parenting methods will seem overwhelming.

How can we become less self-critical? Begin by talking to ourselves differently. For instance, instead of saying "My son acted up in school today. I'm such an incompetent mother," try "My son acted up in school again; I'll find out what happened to see what can be done".

Do not feel guilty about your feelings.
Do not apologize for how you feel. Level with your spouse and your children. If you yelled because you were tired or worried about something, let them know. "I apologize for yelling at you. I was worried about Grandma's illness and I took my worry out on you. I'm sorry." If you yelled at them for bad behaviour, let them know afterwards how the behaviour affected you. It lets them know you're human.

Talk out your feelings with other parents.
There is nothing like sharing common experiences to bring on a feeling of relief and reassurance.

Do increasingly less for your children.
Instead help them to do for themselves and to assume responsibilities they can handle.

Do not feel totally responsible for your children's mistakes.
There are many others besides yourselves who influence children's behaviour. For instance, a teenager may have learned well not to hug visitors who have been told not to greet him with a hug, but will respond eagerly if someone asks for a hug. You cannot control the actions of the whole world.

Do not feel guilty about taking time away from your children.
Parents have their own needs and it is important to meet those needs. If your relationship suffers from too little private time, you will have less energy and resources for your children and then you will feel guilty about that too.

It is okay to have to spend more time with a child who has a handicap than with the other children in the family.
Let the other children know that their brother or sister learns to do things more slowly and needs more help than they do. It's okay to be honest with children about this.

Erase the words "should" and "must" from your vocabulary.
"Should", states Dorothy Corkille-Briggs, is a word we use to judge ourselves. And that judgment usually takes the form of self-blame which is guaranteed to ensure more guilt.

FOR SINGLE PARENTS
Single parents may experience an extra heavy dose of guilt at being the only parent. So they try to be both mother and father. Often there seems to be no other diversion from the loneliness of being single. The result? You focus all your energies on the child. And what gets lost? Your own needs and identity as a person and your child's growth to some measure of independence.

Support groups like Extend-A-Family and parent discussion groups are a boon to single parents. Don't hesitate to reach out and ask for help. You deserve it.

MARITAL STRESS

Marital stress is so common and normal in families who have children with handicaps that no parent need feel surprised or overwhelmed if it happens to them. And, as Robin Simons says in *After the Tears*, no one need feel that they should handle it alone. In fact, it is a sign of strength to get help from a marriage or family counsellor. Sometimes, it takes an objective third person to help couples open up about their feelings so they can support one another.

Aside from the sheer fatigue of caring for a child with extra needs and the strain of working with the professionals who are involved with the child, there are some pretty good reasons for tension in a marriage after a child with a handicap is born. Perhaps if we mention a few of them here, parents can begin to understand that they are not unusual.

How parents are first told about the handicap may affect their relationship.

Dr. Stan Hanamaker, a paediatrician and a father of a child with a disability states that often the doctor may inform only one parent, usually the mother. She is then left to share the news with her husband. As the "bearer of bad news", she may unwittingly become the object of his frustration and disappointment. He doesn't mean to cast her in this mold; it just happens that way sometimes. Couples need to talk openly about their feelings so that they can see one another as persons rather than as a symbol of each other's pain.

Sharing feelings is not easy.

Men in our culture are raised to keep feelings inside, to be "strong". And few men have a close male friend to whom they can unburden themselves. They have had very little practice in identifying and accepting their emotions. Women are luckier in a way. They have been raised to show feelings, to talk things out with friends and in support groups.

Mothers and fathers often handle things differently.

Our family roles and "rules" are structured in such a way that fathers tend to be less involved with their children than are mothers. They often think that the best way they can show support for their wives and children is to work harder at their jobs. Mothers, trained as nurturers and care-givers, are very involved with their children.

When it comes to solving problems, men and women go about it in very different ways. Men tend to look at problems objectively; they analyze them. Women tend to look at the emotional side of a problem.

Lerner, in her book, *Dance of Anger*, states that men and women have grown up learning a different way to deal with anxiety. And certainly, parenting a child who has extra needs creates anxiety. When men become anxious they tend to distance themselves or withdraw from the situation; when women become anxious, they look for emotional closeness through talking out their feelings. Women urge their partners to share their feelings. But urging someone else to change does not usually work.

The more one partner wants to talk about feelings and the more she tries to get her partner to do so, the more the other withdraws. Or the more one partner detaches himself from the problem, the more the other tries to get him involved. So one partner pursues; the other distances.

This pattern is what Lerner calls a "circular dance", a dance that two people get locked into without really knowing what is happening. If it persists, each partner comes to resent the coping style of the other and couples grow emotionally apart from one another. Neither partner is to blame for this situation really; it's just that men and women have grown up speaking two very different languages. No wonder misunderstandings and mutual resentments occur! It's only natural.

> *Fathers tend to handle having a child with a handicap differently than mothers. We each feel as much pain and disappointment. But we cope differently. My daughter has epilepsy and a mental disability. My husband coped by working harder at his job. He was more objective about the problems than I was. I coped by diving in and learning everything I could. I tried to be the perfect Mom. He said "So she has problems. But let's just take it one step at a time. There is only so much we can do." I thought he didn't care enough. He thought I was too emotional and that I overreacted to everything. Actually, he was pretty overwhelmed too, but he thought he had to be strong and not show it for my sake. I ended up doing all the feeling work for both of us. He didn't have to! The more I tried to get him to look at things my way, the more he withdrew. We did not communicate rationally about our different ways of looking at the situation. We just blamed one another. We were not very good at listening to one another. We became isolated from one another and eventually separated. I have friends who went through the same thing. One man I know could not share any of his feelings about his son with his wife. In fact,*

like many men, he could not share his feelings with anyone. He coped by going skiing and crying on the ski slopes instead.

— Karen

Because I wasn't working, I took on all the care of our son who has both physical and mental handicaps. I was the one therefore who became knowledgeable about his condition and searched out ways to care for his needs. I began to resent my husband for doing so little and told him so, repeatedly. And then I realized that I never gave him half a chance. When he did care for John I was so critical of his methods; I was the expert and unfortunately I let him know it. Also, I wanted him to give me some emotional support and he had trouble doing that. He just buried himself in his own work. Last year I went back to work. At first I hired sitters. Then guess what? Joe began to take over much of the care. Both he and John enjoyed their time together. And after I got used to letting go, I began to enjoy him more too. For years I had been so wrapped up in his care that I did nothing else. I had no friends, no outside interests. I began to feel there was no me left. Well I have discovered that by having some interests of my own and time for myself, I can enjoy the time I spend with my son. I am less resentful and we enjoy each other more as a family.

— Linda

I was raised like other men, to think that most of the child care would be done by my wife. But after our daughter was born with Down syndrome, Penny became quite ill for a time and I did much of the parenting, all the cuddling and all the worry about her heart condition and so on. It's interesting though; after Penny recovered, the whole relationship shifted. I worked at my job; she did all the parenting. So when all the hassles with the educational system started happening in kindergarten, it was Penny who was taking the brunt of all that activity. If there was a problem, she would call and I would go with her to the school. But she did most of the work. She began to put a lot of emotional energy into Susan and just as she did that, I found myself withdrawing to some extent. There just was not room for two people to be putting in that kind of emotional energy.

Also when Penny was worried about Susan's slow progress at learning to talk, my way of supporting her was to give advice. I would say," Just try to relax; we knew it was going to take time. She has a good speech therapist. Worrying isn't going to help". What she really wanted was a good listener. But I became the superobjective advice giver. That infuriated her and rightly so. Penny needed to talk about feelings. She reacts to setbacks in Susan's progress far more vehemently than I do. For instance, she'll say, "Something has gone wrong at school; oh no"; and she gets very upset; I'll say,"Something's gone wrong at school,what can we do about it?" Neither of us was tuned into each other's style of reacting to problems with the result that we were growing apart.

Ironically, both of us were very involved with our A.C.L. but for different reasons. Penny went to get emotional support; I got involved with all kinds of committees as a way of withdrawing from the situation at home. Like many Dads, I was resenting the time my daughter was taking from our time together as spouses. What I didn't realize was that if I started sharing the load more at home again, we would have time to be together! It took a bout of family counselling when Susan started having behaviour problems last year to get us to see what was happening and to make some changes. I spend more time with Susan, just the two of us. Penny and I now go together to parent-teacher meetings. Since Penny is less involved with Susan, she has developed some outside interests and says she feels more like a person these days. We do talk and listen to each other more. Although we'll probably not change our styles of coping all that much, at least we understand each other's style more and that helps. We can laugh at the way we are now.

—Bob

These kinds of problems can happen in any marriage. But the strain of caring for a child with extra needs sometimes makes everything seem harder to deal with.

How can a couple break out of these patterns?

Learn to listen to one another.
Share needs and feelings without blaming or putting one another down. Chapter Two offers tips on communication between parents and children that work for couples too.

Look for support for both parents.
Parent groups can be an ideal source of support. Groups offer a place for sharing ideas about how to get needed services, easing the child care burden and so on. Some centres have fathers' only groups where men can learn to talk out their concerns with other men.

Take time to be together without your child.
Parents have their own needs and their own relationship to nurture. If the relationship is not fed with frequent doses of fun together, it will suffer. And then there will be less energy and strength to parent in the way you want to. Ways to make this possible? Get in touch with your local A.C.L. They can help arrange for respite care or an extend-a-family service so you can get a break.

Stop trying to change each other.
That only results in frustration. You can only change what *you* do. The parents' stories in this chapter illustrate this. Linda stopped undermining Joe's efforts to care for their son. Penny and Linda both decided to become involved in other interests and work. When they stopped devoting all their waking hours to their children, Bob and Joe moved in. Bob stopped trying to change Penny's emotional response to crises involving their daughter. Instead, he learned to appreciate the degree of empathy and caring she had for Susan's struggles. And Penny learned to appreciate that Bob's objective, rational approach to problems helped her put them in perspective and her anxiety lessened. He also became more involved with issues concerning his daughter. This increased sharing of the responsibilities gave them more time alone together.

Recognize that you both have feelings and need to face them.
In the parent stories, Linda was also doing all of what Lerner calls the "feeling work" for Joe. She expressed all the neediness and wish for togetherness and support for both of them, making it possible for him to avoid facing his own sadness and need for support. By taking the step to make a significant change in her own life that met some of her own needs, she broke the pursuit-distancing cycle and gave Joe a chance to face his feelings and spend time with his son.

These stories make it all sound simple. Of course it isn't. We suggest you read *Dance of Anger* by Lerner to learn more about how to change patterns that are not working very well.

SEXUAL STRESS

After the birth of a child with a handicap, a couple's sexual relationship can also become a source of marital stress. For example, it is not at all uncommon for a father to become impotent after the birth of a child with a disability.

This kind of reaction shouldn't be as surprising as it often is. Fathering a child with a disability can be such a shock to your self-esteem that it causes you to question your own sexual worth and ability.

One couple put it this way. "Our child is a result of our sexual relationship. We felt responsible for his difficulties even though we know we were not. So we just avoided sex, lost interest. It took time and lots of talk to come to terms with our feelings."

Talking with a qualified therapist can help you understand and come to terms with your feelings about fathering or mothering a child with a handicap. Understanding that sexual difficulties may be the result of your feelings of guilt and disappointment is a big step toward resolving the situation.

A word of reassurance:

Research indicates that in marriages where couples talk openly, share similar ideas about parenting and so on, having a child with a handicap is not as likely to seriously disrupt the relationship. Lots of support from family and friends makes a difference too.

> *There is certainly a lot more holding us together than Susan. In fact if there weren't, we probably would not still be together. Despite our difficulties, we share a very strong bond with one another. We have worked together to advocate on her behalf. As services to kids and parents improve, the stress on families will be a lot less.*
>
> —— Bob and Penny

We'd like to add that once society learns to value people with handicaps enough to provide the kind of services that will help them grow and develop together with everyone else, then the strain on families will be considerably lessened. Complete community acceptance will make a big difference to the stress on parents and to their feelings.

The Next Step

So far we have talked a lot about issues like marital stress and feelings about being parents. How come? Because these things can often affect how comfortable parents are in helping children deal with their sexuality. These issues are not really different for any family. Most couples have difficulty acknowledging that such problems are part of their lives. We hope that bringing them out in the open will help you realize how common and normal they are. Knowing that **you** are normal is the first step in dealing more openly with issues concerning sexuality. Recognizing that your children's sexuality is just as normal is the next step.

Putting Sexuality into Perspective

What do we mean by the words "sex" and "sexuality"? "Sex" can simply mean gender - whether you're male or female. Sex can also mean the physical act of sexual intercourse. "Sexuality" on the other hand, really refers to the whole person - your thoughts, feelings, attitudes and behaviour toward yourself and others.

Sexual feelings, then, include more than just physical sensations. They also include how we feel about ourselves as male or female, how we feel about our social role as man or woman, and how we feel about our relationships with others of our own or the opposite sex.

HOW DID YOU LEARN ABOUT SEXUALITY?

Sexuality is something we learn. Sex - whether we're male or female - is inborn, but sexuality is not.

Our genitals can have sexual sensations even before we're born, but everything else about our sexuality - our feelings of masculinity or femininity, how we feel and behave towards people of our own or the opposite sex - is learned from others.

By listening to and watching others, we learn what to say, how close together we should stand when we talk to one another, what kinds of touch are okay in public and in private, who we can touch, who we cannot touch, and when and with whom it is okay to have sexual intercourse. It is like learning a script in a play.

We learn our values and attitudes about sexuality from many sources: our parents, religious teachings, our culture, the media, friends, school and so on. All of these influences contribute to how we feel about our bodies, how we react to our sexual feelings and how we behave sexually. Depending on what families, religious institutions, cultures and neighbourhoods we grew up in, each of us grows up with a slightly different script.

What script did you learn as you grew up? To find out, try the following exercise with your spouse. If you are a single parent, try it with a close friend. Share the answers to the following questions with each other. There are no "right" or "wrong" answers.

1. What feelings do you remember about being a boy or a girl? Did your parents expect different things of you than they

expected of your brothers and sisters? If so, how did you feel about that? How did you feel about children of the opposite sex?

2. What were your family patterns about talking about sex, nudity, hugging and touching one another?
3. What memories do you have about sex play as a child? If your parents were aware of it, what did they say or do? How did you feel about sex play?
4. When did you first become aware that your parents had sex? What feelings did you have?
5. What did you learn about sex from your friends, both boys and girls? What feelings did you have about this information?
6. What memories do you have about your first menstruation, wet dreams, your body developing (or not developing when you thought it should)?
7. What memories do you have of your first "date", your first kiss? What feelings did you have at the time?

As parents, we cannot really choose whether or not to give sexuality education to our children. We do it every day, mostly by the example we set. Children learn much about sexuality (as we have defined the word) by watching us. And kids copy what they see. So we need to ask ourselves; how do I want my child to feel about himself and others? How do I want him to behave with others? Let's ask ourselves some important questions:

- Do we generally treat one another with affection and respect?
- Do we hug and touch each other in front of our children or do we keep all our affection behind closed doors?
- When we argue, do we listen to one another's point of view?
- Do we negotiate and compromise or do we leave arguments unresolved?
- Can we share feelings, both the good and the bad? Feelings like appreciation for things we have done for one another or shared with one another, love, joy, sorrow, sadness, anger? Or do we keep them to ourselves and assume our partner knows how we feel?
- Do we share household and child care responsibilities?

Some parents believe that sexuality education is something only mothers do. Not so. Both parents give powerful messages to kids about how men and women behave and treat one another. We are our children's most important sexuality educators. Our own experiences, attitudes, beliefs and examples influence how comfortable and effective we are in this role.

WHAT ARE CHILDREN LEARNING WHEN THEY LEARN ABOUT SEXUALITY?

Learning about sexuality means being held, cuddled, stroked by parents and caretakers.

The closeness of feeling their parents' skin against their own gives babies a sense of safety, of being loved. Lots of touching lets us know that others can be trusted.

It is good to see more fathers cuddling and hugging their children. Because of a taboo in our culture that says "men do not touch" or a wrong belief that hugging and touching older children means incest, many fathers stop touching their youngsters after early childhood. But teenagers need lots of hugs too.

Probably the most common disease in North America is skin hunger. We need to be touched to keep feeling good about ourselves. We all need four hugs a day to survive, eight for comfort and twelve to really thrive on! Lots of touch teaches children about giving and receiving good feelings. Babies who do not get enough touch learn to be uncomfortable with their own bodies and do not learn to trust others.

Learning about sexuality means finding out what it means to be a boy or a girl.

When a baby is born, the first question we ask is, "Is it all right"? The next question is,"Is it a boy or a girl?" From that moment on, we treat each sex differently. We give plenty of cues to the little boy or girl about which gender it belongs to. We hold boy and girl babies differently; we even talk to them differently. A girl is "sweetie" or "angel"; a boy is "little tiger". By the age of three to five, a child has a firm sense of "I'm a boy" or "I'm a girl." They are sure of it and that certainty cannot be changed. Preschoolers' dress-up games - "You be the Daddy; I'll be the Mommy" - let them rehearse their roles as adult men and women.

Nowadays many parents teach their children that boys and girls can do the same things. Yet, we still encourage them to play with different toys and to play different games. Boys are still taught to control their feelings and to be aggressive while it is okay for girls to cry. "You are a boy and must act like one" and ,"You are not a girl so you must not act like one". This message implies that being a girl is actually a poor thing to be! So if a boy cries or is gentle and sensitive we tell him he is "too much like a girl, a sissy".

Learning about sexuality is being curious about your body.

When babies discover their fingers and toes, we are delighted. But when they discover their genitals, we worry that they are discovering the pleasures of sex "too early". We think of sex in the adult sense but a baby is simply learning about his body and its pleasant feelings.

Most small children masturbate, some to orgasm. In fact, about eighty percent of boys have masturbated to orgasm by the age of thirteen. Fewer girls have, probably because they have been taught that masturbation is wrong even more than boys have. It is normal for a baby to find pleasure in her own body. It is an important part of normal growth and development.

We think it's cute when small children play at being Mommy and Daddy. But what happens when they engage in sex play: exploring each other's bodies, sometimes imitating sexual acts? These games are simply the child's way of learning important knowledge about the bodies of the other sex. We tend to look at childhood sex play with other children through "adult-tinted lens"; we read our own attitudes and erotic sexual feelings into the acts of children. Children do not look at their sexual exploration in the emotional, value-laden way that we do. To them it is just an interesting way to find out about others.

Do young children with mental handicaps follow the same course of development? Yes, indeed. They experience the same feelings, the same curiosity about others. If, however, for one reason or another, they have not had much chance to play with other children, or if their play is highly supervised, they may miss out on the usual opportunities for sex play that most children get involved in. And there are a few children whose interest in playing with other kids does not develop until much later anyway.

Here is another possible difference. Children usually find out very quickly that their sex play is not appreciated by adults. So they go underground.

They play doctor games to hide what they are doing. Sex play does not necessarily stop as children enter the early school years. Kids simply make sure that we don't discover it. Children with intellectual handicaps have more difficulty picking up the idea that adults do not appreciate such play. So they are less apt to hide it.

Also, if they need help with personal care for a long period, we may observe them touching themselves at a much older age than we would see the same behaviour in our other children.

> *When my daughter was about ten, I observed her touching her developing breasts and rubbing her vulva. At first I told her to stop, that it wasn't nice. Then I realized that I did the same thing at about that age. The only difference was that I made sure no one saw me. Megan still needs help with bathing and dressing, so naturally I'm going to be aware of it more. Actually, when I got over being worried, I was really pleased she was curious about herself. How normal!*
>
> —— Robin

Learning about sexuality is running, playing, wrestling with friends in the neighbourhood.

From about five until eleven, girls tend to play mostly with other girls, boys with other boys. Most kids have a best pal and they are usually inseparable.

Sometimes, as strong sexual feelings begin to emerge around 11 or 12, two best pals may feel some sexual attraction for one another and some sex play may occur. Often sleep-overs provide the opportunity for girls to compare breast size, boys, penis size. Again, such play is a normal part of growing up. It is not the same thing as homosexuality in the adult sense (more about this later). At this age too, many children begin to daydream about sex.

Learning about sexuality is coming to terms with the physical changes of puberty and wondering,"Am I normal"?

Each child's timetable for experiencing the physical and emotional changes of puberty is uniquely his or hers. There is much variation, whether or not a child has a mental disability. A girl's first period can happen anywhere from eight to sixteen years for instance! And boys may have their first wet dream any time from about 11 or 12 to about fifteen. Except for a very few children, the age at which a child starts to develop physically may have little relationship to the level of a child's handicap. As far as interest in the opposite sex is concerned; some kids want to date and experiment with necking and petting by the age of 13; others are not much interested until 18 or even older.

What else can we expect? Most teenagers, both boys and girls, masturbate. And most children have sexual fantasies. Lots of young teenagers have crushes on a favourite adult, a teacher or rock star, for instance.

Young people with mental disabilities have the same feelings as any other child. But they may be confused about what they are feeling and how they can express it. If a child talks openly about being in love with a teacher, or shows it by hugging the teacher, he may get teased by other kids. Some kids can feel very lonely and rejected by others. This can certainly be true of children with intellectual handicaps who may for the first time feel that they are somehow different. As kids are getting used to their changing bodies and feelings, their self-esteem may take a dive. They become very preoccupied with what is happening to them.

Friendships and the peer group are important influences at adolescence. Kids are yearning for independence and there is often a tug-of-war with parents as youngsters want to assume more responsibilities and make their own decisions.

> *I teach young adolescents and I was curious to compare what was happening to them with what was happening to Susan. When she was about 12, I noticed that the play with her Barbie dolls had changed. It went from taking their clothes on and off, brushing their hair and so on to having two dolls act out situations and doing the voices for each. A lot of the conversation was of a sort of sexual nature. They were talking about making love or making babies or going to bed together. I think she was trying to understand her own new interest in sex, her own sexual development, trying to understand the nature of a relationship between a man and a woman. She chose to do this, not by talking to us directly, but by working it out with the dolls. What I learned was, she is no different than the other kids.*
>
> — Bob

HELPING YOUR CHILDREN LEARN ABOUT SEXUALITY

Try this exercise. Ask yourselves and each other this, "What did I want to know at 14 to help me deal with my changing body, my sexual feelings and fantasies, how to get along with boys or girls?" A good way to do this is to sit back and relax, close your eyes and take a few moments to picture yourself at the age of 14:

What was going on in your life then?
What were you like then?

How did you dress?
What was most important to you?
Who was most important to you?
How did you feel about your changing body and feelings?

Share your memories with your partner.

Such sharing may help each of you get to know one another in a new way, from a different perspective. It may also help you talk about the values you hold about male/female roles, sexual expression and so on. What you learn may surprise you. Ironically, most couples rarely communicate about sexuality. Knowing where each of you came from may make it much easier to decide how you feel about your children's sexual development. You will then have an easier time deciding how you will handle their sexual behaviour.

Now think about your own teenagers. Ask yourself the following questions. What do they most need to know? Is it any different from what you felt and what you wanted to know? The answer is a resounding "no".

It isn't that your children's feelings are any different than anybody else's. It is just that they may be less subtle than other kids about letting you know either in words or through behaviour what they are feeling and thinking.

As we have mentioned, some youngsters may be much more likely than other kids to talk about their fantasies and crushes. Some children may take longer than others to learn the "scripts" about what social and sexual behaviour is okay with whom. And if they do not get special coaching or if they do not get many opportunities to be with others, they are going to have trouble learning appropriate behaviour. So we end up thinking that their sexual development is somehow different.

And society's attitudes about sexuality and mental disability don't help us much. Wrong ideas like, "People with disabilities are oversexed: they masturbate more, or molest people more" don't help us. What can happen if we believe this notion? We might "snoopervise" our child more and be on the lookout for sexual behaviour. Then when we inevitably find it, the wrong idea gets confirmed!

There is another wrong idea that is quite the opposite of this one. It is, "People with intellectual disabilities stay like children and do not get interested sexually in other people". What might happen if we believe this idea? We ignore the fact that our child is becoming an adult and restrict social activities. So he never gets to learn what everyone else does and does something inappropriate in a public place.

Confusing? For sure. So we repeat, children and young people with disabilities are no different than the rest of us. They share with the rest of us the usual interest in closeness, touching, affection and being "in on things".

> *We never really expected that David would be interested in girls. What a surprise when we got a call from school one day when he was 16. The teacher said that he and a girl were "caught" necking in a large closet! He told us that he and Dana were in love and were going to get married some day. He seemed so childlike in so many other ways. We thought he was so handicapped that he would not have any ideas or feelings about sex. And listen to this! We told him that necking at school was not okay. Guess what he said? "The other kids in Grade 9 kiss and hug right in front of their lockers. How come I can't? Nobody tells them to stop." We really had to think about that one. It occurred to us that somehow we pay more attention to kids with handicaps who do these things in public. I guess lots of people are prejudiced against them. So as a result, we end up trying to make them more perfect than other kids. We certainly don't want him to be necking in public. But we have to understand how he feels.*
>
> —Jim

There is something else that needs to be said. Some young people may never be completely independent of parents. They will need some continuing care throughout adulthood. It can be very painful for parents to face this fact. So it might be easier and less painful in some respects to continue to treat growing young adults as children. Parents may well be very uneasy about "letting go", and may limit children's social opportunities. They may also be reluctant to acknowledge their youngster's sexual feelings and be afraid to risk the development of a close relationship with someone.

> *When you have a child with a mental handicap, there seems to be no end to the parenting process, especially if the handicap is quite severe. You notice that the child isn't becoming less dependent on parents as much or as soon as other kids are. Some handicapped children may not have the skills to become completely independent. So you can*

> *begin to see your son or daughter as a permanent child, even though that isn't the case. If you have got trapped into thinking, "she is a going to be a child for a long time," then you don't recognize that you've got to help them grow up. It's not just teaching them to walk and talk and feed themselves. It's thinking, "She's 15. If she did not have a handicap where would she be? What would she be doing? What decisions would she be making on her own? And how close are we to that?" So we work at making opportunities for friendships to develop, relationships outside the family. And we work at helping her learn to get around town on her own and so on. It certainly isn't easy. But we want our own life together after she is grown. (Bob describes these efforts in Chapter 3.)*
>
> —Bob

So another part of helping children deal with sexuality is to change your own perspective about your child's developing sexuality. All children show signs of sexual awareness: they touch their genitals; young children look at and touch other children; they masturbate; they giggle at someone of the opposite sex; they develop crushes; they want a girlfriend or boyfriend. Instead of worrying, we need to celebrate them as signs that our children are developing and growing like others and like others want to be in on things.

Obviously, we're not suggesting that youngsters get the green light to behave in any way they wish. We just want to let you know that their feelings are normal.

> *Our son, during his early years, did not show much interest in other people. He was withdrawn in his own world. We've worked hard to include him in integrated social and school activities and to spend time just playing with him or rather, teaching him to play, just interacting with him hoping he would eventually realize that it was fun to be with people. At 11, he was beginning to hug us without being prompted. And he had just discovered his penis and touched it a lot. He was getting dumped on for it at school. Of course, we did have to teach him to do his exploring only in his room. But I was just so excited that he had discovered he had a new part!*
>
> —Janet

And remember this: your child's developing social and sexual interest is a sign that you've done some good parenting simply by encouraging the development of friendships, by including your child in the activities of other children!

Listening And Talking
TIPS THAT BOOST SELF-CONFIDENCE

> *At 13, Ted's behaviour was getting out of hand. He had frequent tantrums and once he even cut up some of my clothes. We began to get alarmed and finally went for family counselling. The counsellor pointed out to us that every time she asked Ted a question, one of us would answer for him. We had been doing it for so many years that we did not recognize that Ted was growing up. He wanted to speak for himself! He certainly found an effective way to get us to notice his frustration!*
>
> — Doreen

How can I help my son or daughter improve their self-esteem?

This is one of the questions parents ask most often in workshops. Parents recognize that how their children feel about themselves influences how well they will handle all parts of their lives. Self-confident children feel loved and valued simply because they exist, not just for what they accomplish.

All of us love our children. But, as Corkille -Briggs states, there is a big difference between *being* loved and *feeling* loved. We may be very much valued but if our parents' words and actions do not match their feelings, at least most of the time, we will not feel particularly special.

There are specific things that parents can do to help young people feel that they matter. Most parents do many of them naturally. So this chapter should be pretty reassuring. Most of us, however, appreciate some tips on how to improve what we do.
We can help kids become confident, self-assured people by:

- helping them learn about all of their feelings and how to express them;
- talking and listening to them in ways that help them deal with their feelings;

- helping them learn to make decisions and solve their own problems;
- helping them learn to get along with others and to make friends;
- helping them understand their changing bodies and feelings.

This chapter begins with suggestions for teaching kids what feelings are all about. It then focuses on tips for talking and listening, particularly in relation to helping kids (and parents) deal with their feelings. It also talks a bit about problem-solving. Chapters 4 and 5 cover the other topics.

LEARNING ABOUT FEELINGS

How can you let people know when you're happy or sad? How can you tell how other people feel?

Some children, especially some who have very challenging needs, take a long time to learn what a feeling is, how to express feelings and how to recognize that others have feelings too. Until someone learns all about feelings, it will be very difficult for him to understand what he is feeling and to let you know how he is feeling about something.

It will also be hard for him to learn to make decisions where the feelings and rights of others need to be considered. Learning about feelings and how we express them can help a child learn how to be a friend. It is easy to see, then, that learning about our feelings is absolutely necessary before we can learn to make responsible decisions about how to express our sexual feelings. *So this discussion about feelings is really the most important section of the book.*

Here are some ideas that parents and teachers have shared with us that can help your child understand more about his feelings.

- Use mirrors to reflect feelings. You can have your child stand in front of a mirror and say, "Who is this"? If she points to herself or says her name, say "Very good. This is Jane". Look in the mirror, make a happy or sad face, name it and ask your child to copy the expression.

- Take advantage of the "teaching moment". When you observe your child expressing happiness or sadness, for instance, take her to the mirror and comment on her expression, saying "You look happy. I can tell because you're smiling. That is a happy face. You must be feeling happy because Grandma is here to visit."
If your son or daughter is showing anger, say that you know he is

angry because his face is showing it and he's stamping his feet. Play a game of trying to guess what he is angry about and say "Well, I would be angry too if someone grabbed my favourite toy."

When you let the child know that you've guessed what he is feeling and state that you also feel that way sometimes, he learns that he has feelings too. He also learns that his feelings are normal. Books like *I Have Feelings, Sometimes I Feel Sad; Sometimes I Feel Angry* are fun to read with your child. And don't just read the story. If your child can communicate verbally, have her look at a picture of a child with a happy expression and ask her some questions.

How does this person feel? Happy or sad? How do you know? Why might she be happy? What is happening in the picture? What makes you happy? Show me how you look when you're happy.

- Express your own feelings.

If you are happy, sad or annoyed about something that your child has done, let him know in specific words. "I feel very annoyed that you threw your plate on the floor. It makes more work. Come and help me clean it up."

- Play charades. Show an emotion and ask your child to guess what the feeling is. Then have your child show a feeling and you guess what it is.

- Tell an unfinished story. Ask your child to finish the story, either verbally or by acting out how a character might feel. For example, "Once a little boy went to the circus. He saw a lot of clowns. They made him______. When the lions roared, he felt_____."

- Give your child a chance to express his own opinions, likes and dislikes. This may be time-consuming but it is worth the effort. If a child has great difficulty with his speech, it is very tempting to ignore him in family discussions. Families sometimes become mind readers. If someone asks him a question, someone else answers. "Ted, what do you like to do after school?" "Oh Ted likes to go to the park after school, don't you Ted?" Do not answer for him. If a waitress asks him what he would like to order, give him time to state it himself, even if it is frustrating for you.

Remember: When children learn that *all* their feelings, the happy ones, the sad ones *and* the angry ones, are acceptable and important parts of being a person, they will feel better about themselves. When we give them permission to *have* all their feelings, it is so much easier to help them choose how to express them in ways that won't hurt themselves or others.

TALKING AND LISTENING THAT HELPS KIDS FEEL GOOD

Recognizing and accepting feelings is the first step. Next we need to talk about how to listen when our children talk about their feelings.

Just *how* you talk with and listen to your child can make a real difference. The following tips on communication are ones that you can use when either your feelings or your children's feelings are involved. Practising the skills can help pave the way for talking more easily about sexual topics.

I am indebted to Dorothy Corkille-Briggs and Adele Faber and Elaine Mazlish for many of the ideas discussed in this section. If you are interested in reading more on this topic, their excellent books are listed in the section on additional reading.

Think About What You Say

Why do we need to talk about methods for talking and listening to children? After all doesn't it come naturally? Well, not really. Few of us grew up with parents who knew how. We needn't blame our parents however. Their parents didn't know how either.

The way we talk to each other has a strong influence on how we feel about ourselves. And, in turn, how we feel about ourselves influences how we talk to each other. There are ways to communicate that help us feel lovable and worthwhile. There are ways to communicate that make us feel stupid, incompetent, rejected. The patterns we have learned as we grew up are often not the ones most likely to boost our self-confidence.

My parents certainly loved me and most of the time I really felt valued, even when my behaviour left something to be desired. At other times I remember scoldings that really stung. Statements like "How could you be so stupid?" or "Stand up straight; why do you have to be so awkward; why do you keep bumping into everything?" or "You can help me bake but try not to make a mess like last time" ... You get the picture.

For many of us, name-calling, criticism, judgments, lectures and threats peppered the language we heard as we grew up. Most of us promised ourselves that we would never talk like that to our own kids. Famous last words, as they say. In moments of utter frustration or anger (feelings that sometimes may have little to do with the children but everything to do with being upset about something).

Before you come down too hard on yourself, remember: If the times we treat our kids' feelings with respect outnumber the goof ups, no harm done. If we do goof, we get another chance when we apologize. "Look, I'm sorry I blew up at you. I was really worried about something at work and I took it out on you." Kids appreciate honesty.

Kids' Feelings Matter

There is another thing that parents sometimes do without realizing it. We tell kids that their feelings are not as important or as intense as they think. They get the message that they shouldn't feel a certain way. You know the scenario:

"Mom, I'm afraid of the big dog."
"No you're not dear; he won't hurt you."

"Dad, I'm hungry now."
"No you couldn't be. It's an hour to lunch time."

In a film on communication skills by Jessie Potter, there is a delightful scene in which a small boy appears in his parents' bedroom and announces that he is afraid of the thunder. "No you're not dear", replies a sleepy parent. "Go back to bed." The small boy replies indignantly, "Then what am I doing out here?"

Try an experiment. For one day, keep a record of what you say to your child. Count the number of times you do any of the following:

- lecture,
- give instant advice,
- interrogate,
- criticize,
- deny his feelings in some way.

Here's an example of what I mean. Your child comes home from school and says tearfully,"John bad; took my lunch out of my desk and threw it away"!

Usual responses:

1. Why did you let him get away with that? How many times has this happened? Why does it always happen to you?
   "Why" questions always have a critical tone and lots of questions always sound threatening. The message? I've done something wrong.

2. So what did you do to him?
   The message? I'm being blamed and I didn't even do anything.

3. Next time you should just tell him to stop.
   Instant advice-giving is never appreciated. The message? You have no ability to help think of ways to handle your own problems.

4. There's no reason to cry about it.
   Denies child's feelings. The message? Your feelings are not important; they are not even okay.
5. Come on now; don't cry like a baby. Big boys don't cry.
   Judgmental. The message? I'm not an okay person.
6. Oh, that's terrible for him to do that to you. You poor kid.
   Overly sympathetic, pitying. The message? You're helpless.

Imagine yourself in the same situation as the child, or better still, think of an incident in the last couple of weeks that upset you in some way. Perhaps someone dumps on you at work, for instance. You feel angry, upset, frustrated, put down. You want to tell someone.

Suppose the person you tell responds in one or two of the ways illustrated. How do you feel? Probably angry, upset, frustrated, put down! Do you feel like continuing to talk about your problem? Not likely.

These responses are communication stoppers because little by little they chip away at our self-esteem. Why ? Because the message is "How I feel doesn't matter; I guess I'm not really much good". If we treated our friends like that, how often would they want to be with us?

So what do you need most? Most of us simply want someone to listen with understanding, to see our situation as we see it, in other words, to respond with *empathy*. All of us need to have our feelings respected. I know that when someone really listens to me, I feel accepted, cared about. I start being able to think of ways to handle my feelings and my problem.

Empathic Listening

What does empathic listening sound like? It isn't simply listening without saying anything at all, although sometimes that helps,too. Let's try the above situation again.

Child comes home from school and says tearfully,
"John bad; took my lunch out of my desk and threw it away".

Steps to empathic listening:

• Look at your child.
Parents and kids often do too much talking and listening without actually looking at each other.
• Notice your child's body language as well as the words.
Clenched fists, shaking, etc., often tell more about feelings than words do.

- Think of a word that could describe the child's feelings.

In this case, anger is probably pretty accurate.

- Put the feeling word into a phrase:

"You're really mad about that!" or "That must have made you mad!" Say the words with genuine feeling, otherwise they won't mean much.

Not too difficult! But suppose you have been hearing this sad tale for weeks? You feel angry and upset that your child is being victimized. Moreover, you remember that you often felt victimized as a teenager and that your parents kept urging you to stand up for yourself. Their urging only made you feel worse. In fact you feel you still have trouble being assertive. You feel you often let other people walk all over you and you don't like that quality in yourself.

It's much easier to give empathic responses when our kids are telling us how happy or excited they feel. Most of the time it's not that hard when the feelings are about being sad or scared. But we can get hooked every time if the situation is emotionally charged for us, if it triggers something we don't feel very good about in ourselves. Then we're more likely to criticize,judge or blame. If we recognize what is happening though, we have a better chance of nipping the critical or blaming statements in the bud.

In fact, one of the biggest benefits of learning to listen with empathy is that you will be better able to separate your feelings from your child's. When that happens, both of you are freer to work on solutions to his problems. (See Chapter 4 for tips on teaching assertiveness.)

There are other benefits to empathic listening too. Kids learn that:

- any feeling I have is okay with Mom and Dad
- my feelings belong to me, no one else.
- my feelings have names. When I know what I'm feeling and why, I can begin to take steps, with Mom and Dad's help, to solve the problem that is making me feel sad, frustrated or angry.

Here are a few more examples.

1. Child: Boys in Grade 9 call me retard.
   Parent: Being called a name like that must really hurt.

2. Child: I good hockey player; I going to play with Wayne Gretzky next year.
   Parent: You feel pretty pleased to be able to skate and hit the puck so well.

(Some parents worry about their youngster's fantasies. Remember that most kids have them. They just may not make you aware of them. It's not important to try and talk your child out of his fantasies. It doesn't work anyway. In fact, if you say "Oh it isn't possible for you to play with Wayne Gretzky", the youngster is likely to get defensive and angry. He will not discard his dream. In fact, he might cling to it all the more. He'll feel better knowing you understand how important playing hockey is to him.)

3. Child: I love Jim. We get married and have a baby.
   Parent: You must feel pretty happy to have a friend like Jim.

How easy was it for you to read this response? Probably a lot harder than if the child had said "I love my new puppy" and the response was "You feel pretty happy to have him." How come? Because it triggers all our worries about whether or not the child is likely to get involved in sex. This is a natural concern and leads to a common question.

Doesn't responding to feelings give permission for any kind of behaviour? Indeed not. Empathic listening gives permission for all *feelings*, not actions. Obviously some behaviours must be limited. People must not be hit even though we might be very angry with someone. And most parents feel that sex is not for young teens.

Remember: acknowledging feelings opens the doors for talking about appropriate behaviour. We'll talk more about dealing with sexual feelings in Chapter 5.

Is acknowledging feelings enough? Is giving advice always wrong? No. Kids need help in dealing with their feelings and solving their problems. They need help in learning how to behave acceptably. It's how we go about this that makes the difference between having a child who continues to rely on us all the time and one who learns to work out some dilemmas on his own. How can we help without immediately giving advice?

Kate and Stephen

> *Stephen is 18. Over the years, life at school has not been easy for him. When he comes home I can always tell by the look on his face whether or not he is upset. I am pretty good at acknowledging his feelings. But then I would ruin things right away. I would immediately assume he'd been in trouble and I would ask him "Did you do something wrong at school?" Stephen always said "yes" but he wouldn't tell me what had happened. In fact, I found out later that he said*

"yes" even though most of the time he hadn't done anything wrong. He just did not know how to respond. And he certainly did not get any less upset.

His way of handling any kind of stress was to go in his room and masturbate. Now, I feel fine about masturbation; it's normal for anyone. I think it's okay if it helps lessen anxiety too. But Stephen didn't seem to have any other way of dealing with stress and he masturbated for hours. It began to interfere with his other activities; at least I couldn't get him interested in other things after school and I didn't think that was healthy. I would feel the same way if his only outlet for anxiety was sucking his thumb or rocking.

So simply acknowledging the feeling was not enough. My next statement made him feel bad and it certainly was a conversation stopper! I couldn't get any further. And sometimes I would start giving him lots of advice. "If this happens again, why don't you talk to the teacher?" That didn't help. He just got mad and started yelling at me.

So I changed what I said to "You're feeling upset; something must have happened at school." That was better. He seemed to understand then that I was with him and willing to understand his feeling. He might not tell me right away what happened but after an hour or two he would sometimes tell me. It's not as easy as it is with the other kids. With them the conversation might go like this:

You're really upset about something.

Yeah, Tom bugged me all day and I got the blame for something he did.

Boy you must be pretty mad about that.

Yeah, I think I'll stay away from him for awhile; he's bad news.

Problem solved!

Stephen can't really think things through like that. So I decided to play a guessing game to find out what the trouble was. I really needed a substitute for "Did you do something *wrong?" and all the advice giving. So instead I try something like this:*

So something happened at school. Let's see if I can guess what's wrong. Could it be that .. hm; maybe one of the boys upset you?

No.

Maybe the teacher upset you?

No.

Maybe it has something to do with one of the girls?

Yes. Want Jane to be a girlfriend and Tom take her.

Oh, makes you feel sad.

Yeah, want you to get me a date.

It's hard for you to ask her to come over? Pretty scary?

Yeah, I too shy to ask.

One thing I'd like to mention. It's taken several years but he realizes now that sometimes the problem is his and not someone's else's responsibility. He said he was shy, not that it's someone else's fault he hasn't got a "date". He has simply matured a lot and it's nice to see. So it's possible to help him solve the problem. Our next step is for us to help him ask his friend to come over (Tips on teaching social skills in Chapter 4). He isn't spending as much time in his room masturbating now.

Dealing With *Your* Feelings

When you are feeling exasperated, frustrated and angry at your child for his or her behaviour, before you speak, stop and think "Would I say this to a friend, to someone else's child? Is this incident worth a hassle? What would I want someone to say to me?"

This doesn't mean that you don't let her know how you feel. Quite the contrary. Letting kids know how their behaviour affects you lets them know that you have feelings too. And you can let them know both how you feel and what behaviour you expect without resorting to blaming (You never listen. How many times do I have to tell you to stop?), threats (If you do that one more time, there will be no going out for a week), and so on. We've mentioned before that such tactics are hard on the self-esteem.

When we're really upset, our words tend to sound like we're focusing on what is wrong with the child, not on a behaviour that needs to change. What works then? Try these steps:

- Describe the problem, what you see that is not okay.
"I see milk spilled all over the floor."

- State your feelings, always beginning with the word "I".
"I don't like to see milk on the floor." Say it with feeling. Being quiet and completely cool only hides your feeling and sounds phony. No screaming of course, but let him know you're bothered. Why start with "I"? Why not "you"? After all it's the child who behaved badly. Yes, but it's *you* who feels upset, not the child! "I" focuses on your feelings about the behaviour that displeases you and does not imply that the child is a bad person; does not dump on his self-esteem. What happens if you say, "You clumsy kid; you make me so mad, spilling milk and not wiping it up". "You" statements accuse and put people on the defensive. You may get cooperation for awhile but at the expense of the child's good feelings about himself.

- Offer choices about how to handle the problem.
"Want to wipe it up with paper towel or the mop?" This strategy is guaranteed to get cooperation. It lets the child know you expect him to clean up the mess. And he gets to make a choice about how! That feels good.

- Give descriptive praise for his efforts.
Let the child know, in specific words, that you like the way he is helping clean up. And slip in a few encouraging words about his clean-up technique! "I feel really pleased that you're cleaning up. And you're remembering to put the paper towel in the garbage, too. Good for you!" Your feedback should state exactly what he is doing that pleases you. General statements like "good boy" are meaningless to kids because they don't let them know what their strengths and skills are. We'll talk more about giving feedback and encouragement in Chapter 4.

Read over these steps again. Do you notice how they turn something negative into a positive situation?

A WORD ABOUT ANGER

Corkille-Briggs states that anger is a cover-up for other feelings like fear, frustration, fatigue, embarrassment. How to handle it? First accept that you have very strong, negative feelings. Then think what the real feeling underneath the anger might be. Share that feeling with your child. Telling her the real feeling is less frightening to her. She also learns to understand more of her own feelings.

TAKE THE TIME TO ENJOY ONE ANOTHER

> *I see so many families where the relationship between parents and children is mostly one that involves the parents teaching something to the child. And that's natural. Parents are very conscientious about wanting their kids to do as well as they can. And there are so many professionals instructing them on how they should help their child. The speech therapist gives one list of instructions, the physiotherapist another, the psychologist and the teacher even more instructions. It must be exhausting! There's so much stress attached to feeling that one should accomplish everything on the lists. It leads to a lot of pressure and frustration for both parents and kids. I think what gets lost sometimes is an emotional connection that happens when parents and kids relax and simply enjoy being together.*
>
> — A family counsellor

So how can parents find time to simply be with their kids when there is so much to be done during the day? How can they create what Corkille-Briggs calls *genuine encounters*, the sort that truly help kids feel valued and that contribute to self-esteem? Certainly touching and hugs help a lot. And so does talking to kids while you go about household tasks.

Life with kids can be very frustrating. These tips on listening and talking can be most useful when either you or your child is under stress or when you're feeling tired and frustrated with one another. They don't necessarily work with all kids all the time but are useful for some kids some of the time. Perhaps your days can be less of a struggle if you try them.

Teaching Social Skills

> *We have goals for Susan. We want her to have friends, a job that gives her some satisfaction, a place to live. Right now we need to think about the small steps she needs to take to get her to that goal; what we'd like to see her able to do a few months from now, next year.*
>
> —— Bob

> *My daughter is only four but already I'm thinking about her adolescence. There must be some things I can teach her now to get us both ready.*
>
> —— Brenda

These two parents are expressing the wishes of many who want to equip their children with the skills they will need to live as full a life as possible. In this chapter we'll talk about some of the things they can do to reach their goal.

To summarize, the four key points are:

GIVE YOUR CHILDREN THE CHANCE TO SPEND TIME WITH OTHER PEOPLE, ESPECIALLY KIDS THEIR OWN AGE.

Provide opportunities for young children to play with other children in the neighbourhood. Create opportunities for teenagers to spend time together after school.

MAKE A CONSCIOUS EFFORT TO TEACH YOUR CHILDREN THE SOCIAL SKILLS THEY MAY FIND DIFFICULT TO LEARN NATURALLY.

Greetings and Polite Conversation
How do you say "Hello"? What do you say next? Who can you hug? How do you shake hands? What do you talk about?

Public and Private Places
What's the difference between "public" and "private"? What kinds of things are okay to do in private, but not okay in public?

Assertiveness
How do you handle a bully? How do you stand up for yourself?

TEACH SOCIAL SKILLS STEP BY STEP.

1. Decide what behaviour you want to teach.
2. Demonstrate the behaviour.
3. Practice the behaviour in private.
4. Give feedback to your child.
5. Practice the behaviour in a safe public situation.
6. Reward good behaviour with praise. Catch them being good.
7. Substitute appropriate for inappropriate behaviour.

TEACH YOUR CHILDREN HOW TO MAKE DECISIONS.
Start with easy choices. Offer support when the decisions become more complex.

GIVE YOUR CHILDREN THE CHANCE TO SPEND TIME WITH OTHER PEOPLE, ESPECIALLY KIDS THEIR OWN AGE.

When children with extra needs spend a lot of time with other children, they pick up acceptable social behaviour simply through the interaction with others. Such opportunities are extremely important. They allow the child to learn the art of getting along with others, to make their own decisions and to learn the consequences of the decisions they make. Some children will benefit from some extra coaching in learning how to get along with others so that they will be welcome friends.

In the following stories, three parents describe the ways in which they gave their children the opportunity to spend time with others and helped them to make the most of these interactions.

Brenda and Nancy
HELPING NANCY LEARN TO PLAY

> *Nancy is in a regular daycare. I want her to play with children who don't have handicaps to help her learn what's expected of her by simply being around them. Already her speech is improving. And in our neighborhood, I do as much as I can to make sure other children will think our home is a great place to play. We have picnics on the spur of*

the moment, a dress-up box, puzzles, playdough, a sandbox and so on. I make sure that the activities are the ones Nancy enjoys and can take part in easily. Otherwise, she's left out.

I do have to supervise more than I did with my older daughter because Nancy has trouble knowing how to take turns. She can be quite a bully sometimes. So we have practice play sessions. I play with a favourite toy for a minute, then hand it to Nancy. I then ask her to give it back to me after one minute. I tell her, "this is how we take turns". Or we stack blocks. She stacks one; I stack the next and so on. I tell her how much I like it when she waits until it's her turn. I also make a point of praising her when she is playing well with other children.

I know it's going to take time. The hardest part for me is not to feel guilty when she is being a pest. I simply have to keep explaining to other parents that she may take a little longer to learn certain things than other children and I explain how we are trying to teach her. I have to keep reminding myself that young children who do not have disabilities are not particularly adept at playing cooperatively either. I also have to remember that other children can bully her too and that it is important not to overreact simply because she has a disability.

Bob and Susan
HELPING SUSAN LEARN TO DATE

Susan is fifteen and has Down syndrome. For a couple of years now, she has begun to realize that she has difficulty learning. She gets teased by other kids sometimes and that hurts. Frankly, I don't know who it hurts more, Susan or us! She has always been in special education and therefore separated from others at school. But we have always enrolled her in integrated after school programs, swimming and so on. It's just that now, it's harder to find friends for her. She does have a "boyfriend" at school, though. We have observed them "smooching" in dark corners at school dances. We worry that she'll get involved in sex. We look forward to the day that she will have a satisfying sexual relationship with someone, but not yet please! She has much to learn about how to develop friendships with both boys and *girls. So we decided that instead of worrying about what could happen at a school dance, we would teach her to socialize under our supervision.*

We taught her how to use the telephone to invite someone over. Then we planned together what the kids would do for the evening and helped her carry out the plans. It could be listening to records, making popcorn, playing a game with us. And if they want to go out, we go with them. If it's a movie they want to see, we help them go through the newspaper to make a choice. Susan tends to want everything her own way. So we demonstrate for her the two of us making a decision about where to go for the evening, each taking the feelings of the other into account in making the decision. Then we'll prompt her. "You said you would like to go here. Ask John how he feels about that, where he would like to go.

Susan gets very jealous if her boyfriend dances with someone else or even talks to someone else. We told her that she doesn't own him and that she can dance with other boys. Well, that was the one piece of our advice that she followed. Now she says she has four boyfriends! So we ask ourselves, what have we done?

Like most teenagers, she doesn't usually listen to us, though. We've talked to her about sexual feelings, love, jealousy and so on but we think she needs another adult she can confide in about those things. At the moment, she does not have a close girlfriend so we found her a "leisure buddy". Karen is great. She's willing to share her own experiences. And she knows our values; that is that hugging and kissing is okay but intercourse is for adults. So she is able to steer the conversation in that direction. Susan loves Karen.

We also have an extend-a-family for Susan. She has some annoying habits, like wiping her nose at the table, for instance. She'll listen to her second family about things like that far more than to us. We can get into some royal battles sometimes. That's really no different than any parent-teenager relationship, I guess. She's trying to assert her own identity and move away from us; pretty normal. It is harder for us to let go because we worry about her judgment. So we create the opportunities, supervise and coach her so we'll feel more comfortable about letting her go out on her own at some point.

George and Jason
WIDENING JASON'S HORIZONS

> *My only son, Jason, is 17. It has been hard for me to accept his handicap. A father has such hopes for a son, you know, following in Dad's footsteps, achieving things his father wanted to and didn't! It took awhile for me to see I was not doing either of us much good with that attitude. He has always been a loner; shy, standing on the sidelines. Last year I got him involved with the volunteer fire department. The fellows have been wonderful, teaching him first aid, how to take care of the fire engines, gradually giving him some responsibility. He takes his responsibilities very seriously and has acquired a new self- confidence. And having a hobby like that gives him something to talk about. He is becoming more sociable. And I am realizing that he is capable of far more than I thought.*

MAKE A CONSCIOUS EFFORT TO TEACH YOUR CHILDREN THE SOCIAL SKILLS THEY MAY FIND DIFFICULT TO LEARN NATURALLY.

Simply providing the opportunities for socialization is sometimes not enough. The parents we've just heard from were also doing some coaching - they were consciously teaching their children how to act around other people.

Three areas in which many children need coaching are:

Greetings and Polite Conversation
How do you say "Hello"? What do you say next? Who can you hug? How do you shake hands? What do you talk about?

Public and Private Places
What's the difference between "public" and "private"? What kinds of things are okay to do in private, but not okay in public?

Assertiveness
How do you handle a bully? How do you stand up for yourself?

Greetings and Polite Conversation
Our society can be very confusing for someone with a mental handicap. It is difficult to know how close to get to someone we are talking to and it is hard to know what is okay and not okay to

talk about. It is not always easy to decide who we can hug and touch or who can touch us.

As parents, we might wish we did not have to teach these things. We wish our society were more spontaneous and loving. All of us would benefit from more touching and hugging of one another. However, we do have rules that govern how we are with others. These rules take time to learn.

THE "WHO TO HUG" QUESTION

It can be particularly difficult for children to remember who they can hug. All of the parents we talked to told us that their children had problems with learning how to behave around people in different categories of relationships.

> *My daughter hugs everyone she meets. She might remember at the beginning of a visit that she shouldn't but by the time the visitor leaves, she always manages to get a hug in. It's cute now when she's four but it certainly will not be socially acceptable later on. And I worry that she may be sexually abused if she doesn't learn a little discretion.*
>
> —— Brenda

> *Jane is so naive. I have begun a new relationship and she's asking me all sorts of questions. She is especially curious about sex. I've been answering her questions because I think she is entitled to the information. But then I hear her telling her own version of what I've said to mere acquaintances!*
>
> —— Karen

> *If I had known five years ago what I know now, we would not be having the problems we are now. Our 11 year old has Down syndrome. We are teaching him to take the bus by himself. He had no trouble learning the route. He now knows which bus to take and he knows where to get off. However, a young friend of ours goes with him to keep an eye on him and help him learn to behave on the bus. To our dismay, he entertains the whole bus load! People laugh at his antics and that just gets him going all the more.*
>
> —— Don

The first step in helping your children learn how to behave toward different categories of people, is to make them aware that there are different categories. These distinctions are not obvious to children and need to be explained very carefully and very frequently.

PEOPLE IT'S OKAY TO HUG

There are a few people in your children's world that are okay to hug and be hugged by, every day if both people want to. These include: parents, a boy or girlfriend, brothers and sisters. Hugs feel good to these people and you feel good when you hug them. But it is important to ask first, because the other person might not want a hug just then. For example, if Dad and Mom are busy cooking, they will want to wait until later. Instead of a hug, you could make them feel good by helping to set the table.

PEOPLE IT'S OKAY TO HUG SOMETIMES

There are other people that you may give a hug to on special occasions, like your birthday. You may give them a hug when they come to visit, just one hug. (You do not give hugs every few minutes during the visit and you sit beside visitors, not on their laps!)

PEOPLE YOU DO NOT HUG

Official People

These are ministers, policemen and teachers that you've met. You say hello by shaking hands.

Helping People

These are people like doctors and dentists. You shake hands to say hello to these people, too. It's okay for a doctor to touch your body, because she has to make sure you're healthy. Sometimes this means touching the private parts of your body.

Strangers

People whose names we don't know are strangers. We do not touch or hug them and they do not touch us. Some strangers are community helpers, like policemen and store clerks. We can talk to a policeman if we are lost and need help. We can talk to a store clerk about what we want to buy. We can talk to a waitress about what we want to eat. There are other strangers that we do not even talk to. We never go anywhere with a stranger. In fact, if someone - even someone we know - asks us to go anywhere, we ask Mom or Dad first to make sure it's okay.

Little Kids

Teenagers and adults do not touch or hug small children they don't know. They can say "Hi" to children they do know.

People at Work or School

We usually do not hug or touch people at work or school unless they are very close friends. You can wave to them or say "Hi".

It's sad that the list of people you can't hug is so long. So many "don'ts" can make you and your children very nervous. This is why we think it is important to emphasize what we can do as well as what we can't . We can hug family and close friends. It feels very good. We can wave and say "Hi" to friends and neighbors. We can talk to a waitress about what we want to eat. We can shake hands with the minister. If you teach in a positive way, your child will be more relaxed and so will you.

Public and Private Places

> *I spend so much time instructing Jane. When I listen to myself, I hear myself delivering one long string of "don'ts". It doesn't help our relationship any. I get so worried that she will screw up in public. I think that's why I'm after her all the time. In fact, sometimes I think she behaves badly because I put her under so much stress. We both need to relax and just enjoy one another sometimes.*
>
> —— Karen

> *I have been able to teach my thirteen year old son that masturbation is okay in his room but I'm afraid he'll forget and take his pants down outside sometime. You hear such stories about people with handicaps getting arrested for something like that. The possibility scares me.*
>
> ——Joan

The concept is simple. There are private places and public places, private parts of your body and public parts of your body. A private place is your bedroom or the bathroom, where you are alone. A public place is where other people are or *could* be. Public places include other rooms in the house. Public places are also restaurants, shopping malls, parks,etc. Private parts of our body are those that we keep covered in public places. For girls, private parts are breasts, vulva and buttocks, for boys, penis and testicles and buttocks. We can touch the private parts of our own body when we are in a private place with the door closed. We may not touch the private parts of anyone else's body.

Others, even someone in our family, may not touch the private parts of our bodies. Family members and other care-givers may need to touch private parts if help with bathing or toileting is needed. What is, and what is not, permissible is not an easy distinction for a child to make in this case. Here is a rule of thumb that may help. Family members may give affectionate hugs, but genitals and breasts are not touched ***at the same time***. (The idea of public and private places was developed by special educators Gloria Blum, Jean Edwards and many others.)

Here are some ideas that parents have used to help their child learn what is public and what is private. What they have in common is that they all take advantage of a teaching moment. The method you use depends,of course, on the child's age and level of understanding

Remember: Most children learn best by watching us. Family members may have to be extra careful to model "public and private" behaviour themselves for the sake of the child who has a handicap.

- Bath time is a good opportunity to teach a child the names for the private parts of his body and to repeat that it is all right to have his clothes off in the bathroom or bedroom because these are private places.

- Use a book such as *Better Safe Than Sorry* or *What's Happening to Me?* to teach the child the names of body parts. Use the opportunity to say "If someone, even someone you know wants to touch your penis (or breasts or vulva), or if someone asks you to touch his penis, you say "No" and come home right away and tell Mom or Dad or someone else you trust. Keep telling until someone believes you." (Sometimes the child is not believed. Also, if the offender is a parent, it will be difficult for a child to tell the other parent. See Chapter 8).

- Say to your child, "When you are in the bathroom or you are undressed in your bedroom, close the door. If you see that the bathroom door is closed, you knock." Parents should also knock before entering a child's room.

- If a child likes to appear in the kitchen and finish dressing there, take her back to her room saying, "we get all our clothes on in our room where we can be private. The kitchen is public."

- Label dresser drawers (with a picture if the child does not recognize the words) public (for outer clothes) and private (for underwear).

- When outside shopping, etc., make a point of asking," Is this a public or a private place? How can you tell? Because lots of people are here. What could happen if someone took his pants down and walked through here without clothes on? People would stare and it is against the law. The police could come and take the person away".

- If you observe your child touching his genitals in a public place, you can simply say, in a positive way, "that is private touching and this is a public place. Private touching is for your room." If such an explanation uses too many words, simply say, while patting the child's hand, "not here". Then lead him into his room. One mother who has a son with very challenging needs thought he wouldn't understand this kind of instruction. However, she gave it a try anyway and was pleasantly surprised.

> *It was really so simple. We just told him that rubbing his penis was private touching and was okay in his room. Now that's where he goes. What a relief! I'm not saying "don't" any longer .*

We will discuss "private touching" and masturbation in more detail in the next chapter.

> *My daughter is 16. She is in a wheelchair and is totally dependent on others for bathing and toileting. I am away sometimes and have hired extra caregivers to help out. I take great care to screen those I hire. Yet you never know... I explained the principle of public and private to Sharon and she understands. But the caregivers must bathe her. I was worried that she could be abused and never really be aware of it. So I decided to tell her that it was okay for the sitter to wash her breasts and vulva with a facecloth and to wipe her after she went to the toilet. But if anyone caring for her touched her "private parts" at any other time, she was to tell me because that kind of touching was not okay. She accepted the information very matter-of-factly.*
>
> —— Donna

Assertiveness

Have you ever said "yes" when you really meant "no"? Most of us have. How come? Because we were afraid of losing a friend, or because we did not think our needs and wishes were important, or because we were afraid of hurting the feelings of someone else.

Women are especially prone to saying "yes" when they really mean "no". Our society teaches young girls to think that the needs and feelings of others are more important than their own.

Of course, considering the needs and feelings of others is very important. However, some people, generally those who have little self-confidence, allow themselves to be victimized by others. This is very common among people who have mental handicaps. Teenagers especially may experience rejection. They try extra hard then to please others in the hopes of being accepted by them. It is important to realize that most children who are sexually molested are abused by someone they know, someone who promises them special favours or a special friendship.

Modelling and role-play of assertive behaviours can help children who allow themselves to be bullied by others. A tape - recorder is good for helping a child practice speaking in an assertive, confident tone of voice. This story shows how Karen used modelling, role-play and a tape recorder to help her daughter learn to stand up for herself.

Karen and Jane

STANDING UP TO A BULLY

> *I was so afraid of that whole teenage scene when Jane started high school. I was sexually exploited by dates in high school and so I was really worried about Jane. I had taught her to say "no" to someone who tried to touch her breasts or vagina. I had taught her not to go anywhere with someone unless she asked me first. I also taught her not to let anyone into the apartment if I was not at home. I knew though that if someone was going to abuse her, it probably would be someone she knew, someone she wanted to like her.*
>
> *Well, an opportunity came up for us to practice resisting unwanted behaviour. A kid in her class started bullying her. She was quite intimidated by him. She allowed him to rip her schoolbooks. She gave him her lunch money if he wanted it. If he wanted something from her desk, he simply helped himself. I knew she had to learn to handle situations like this herself. She couldn't always rely on me to bail her out. So with help from a counsellor we worked out a plan of action. Jane has a quiet little voice. So we practiced tape-recording. I'd ask her questions about what happened at school and she'd talk the answers into the tape. I would give her feedback on her voice, encouraging her to speak louder and with more confidence. Sometimes she would interview*

me on tape and we would make a game of it. We also practiced saying "no" like we meant it and "yes" like we meant it, just those two words. I demonstrated, shaking my head sideways for "no" and saying "no" in a firm voice. Then she would practice. We both had fun with that one!

The next step was to come up with ways she could act when the bully tried to reach into her desk. She had trouble thinking of ideas on her own. So I said, "What if, the instant he puts his hand in, you look him in the eye, put your arm in front of you and say "Stop, leave my things alone". I showed her first. Then she role-played several times with her brother standing in as the bully. I learned to give her specific feedback on her voice tone, eye contact and so on.

A week later, the boy tried to get her lunch money. Jane did exactly as she had practiced at home and the kid stopped. He hasn't bothered her since. She feels wonderful and so do I. And you know something? I learned to handle a bad situation at work from teaching Jane how to be assertive!

The counsellor told us something else that would be good to pass on to other parents. Jane acts more like a ten year old than a girl almost 14. She also likes to dress like a little kid, usually in pink tracksuits. Before she started high school, we went shopping! And I took a fourteen year old with me for advice. I never would have thought of this on my own. The counsellor pointed out that Jane looked like an easy target because of the childish way she dressed. She looked too different from the other kids her age. I needed to let her grow up. That bully actually gave me a chance to feel more comfortable about the growing up process."

TEACH SOCIAL SKILLS STEP-BY-STEP

This step-by-step process works for teaching new behaviours and correcting inappropriate ones.

1. Decide what behaviour you want to teach. It is important to be as specific as you can because the teaching will be easier. Saying that you want Mary to behave properly when visitors come is a good goal but you need to decide exactly what it is you want her to do. For example "I want Mary to greet visitors by smiling and saying "Hello".

2. Demonstrate the behaviour. Another word for this is modelling. Say "John, I'd like you to meet our minister, Mr. Jones. This is how I say hello. Now you try." or "John, Aunt Mary's come to visit. We can give her a hug because she is part of the family."

Remember that children copy our behaviour all the time. They notice how we treat one another. They notice whether or not we listen to one another, for instance, or how we resolve arguments. Often, what they see you do is what you may see them do later on. So ask yourself what sort of model you want to be. One father, enjoying the Miss Canada pageant with his son, whistled and made comments about each contestant. The next day he watched ruefully as his son whistled and made similar comments to a group of women at a social event they were attending!

3. Practice or role-play the behaviour with your child before he tries it out in an actual situation. Say "Mr. Jones is coming to visit. Let's practice how to say hello before he comes. Dad can pretend to be Mr. Jones and I will say hello. Watch me and then you can try."

For children who do not understand what pretend means, it is best simply to model the behaviour in the actual situation and ask the child to copy. Ask your friends to help you. Explain to them what you want to teach and how so they know what to expect when they come to visit. For instance, it is tough to teach a child to shake hands if Mr. Jones gives her a big hug!

4. Give feedback to the child. That is, tell him what you saw him do. Here are some important points to remember about giving feedback.

- Feedback must be specific.
  "You looked at Mr. Jones and said "hello". "Good boy" is too general. General statements do not let the child know what he did right.
- Feedback must be descriptive.
  "I liked the way you looked at Mr. Jones when you said hello."
- Feedback must include a statement that lets the child know what he did well and what could be improved next time.
  "You looked at Mr. Jones and said hello. That was very well done. Next time you could smile too; that feels good to the per son you're with."

The rule is: give the specific praise or encouragement first and then the constructive criticism. Some people call this the 80-20 rule, 80% praise; 20% constructive criticism.

- Feedback must focus on the child's behaviour.
  Do not use statements that seem to criticize the child, such as "You did poorly" or "That was silly." These statements can lower the child's opinion of himself.

Here is another example of giving feedback.
"I'm glad you spoke up. Great. It is important to think first about how your friend might be feeling when you said that. Can you think of something else you could say to her instead?"

5. Practice the new behaviour in real situations, first with you or someone else present so you can feel confident about the child's ability to generalize the behaviour, that is, to behave the way you want him to in different situations. Here are some examples:

- You and your daughter have been rehearsing saying "no" to a stranger who asks her to go with him. You decide to test her by having a man unknown to her approach her and ask, "Would you like to go for ice cream?" You are watching the action from a distance. Your daughter responds in the way you had hoped. She says no firmly, walks away quickly and looks for you. You tell her that you observed her. You say, "I saw you say no like this (Imitate her "no"). You also walked away. You did very well."

- Your daughter reveals private information when she talks to store clerks, waitresses, etc. You have been rehearsing at home appropriate conversation for the helper category of people. "I'll pretend to be a clerk and you are going to buy a skirt. You can say, "Hello; may I try on this skirt?" Let's practice." Your feedback is specific; "You looked at me, smiled and asked if you could try on the skirt. Great. Perhaps next time you could speak a little more slowly so the clerk can understand what you say."

  You then demonstrate the correct behaviour for her in the store. Next you ask her to approach the clerk on her own while you watch. This time she makes a mistake. This is how you provide feedback. "I liked the way you smiled and said "May I try on this skirt"? Remember next time that talking about your period is for Mom only, at home, okay?" If your daughter does not reveal personal information, simply comment on what she did say. Do not say, "And you did not talk about your period." This statement sounds more like criticism.

6. Reward good behaviour with praise.
Author Edward Christopherson, in his book *Little People*, states that probably the most important rule in teaching a child to behave acceptably is to "catch her being good". That is, give her some

attention when she is behaving in the way you want her to.

For years, people have noticed that if you pay attention to a child as soon as she does something, chances are she will do whatever it was again. If we make a point of noticing appropriate behaviour and give specific praise (as we have discussed) as soon as we notice it happening, we are going to see more of the appropriate behaviour. On the other hand, if we pay attention to our children *only* when they are being disruptive, guess what? The disruptive behaviour will happen again. It does not matter whether the attention we give is positive or if the child is being punished. Children will respond to whatever kind of attention they get most of. Therefore, common sense tells us that if we want certain behaviour to happen more often, we need to pay attention when it happens. Try a small experiment. Suppose you are the parent of a whirlwind, a child who sits still at dinner for about three seconds on a good night. During the brief time that he is sitting still, say, "You are sitting quietly. I really like that. It's fun to have supper with you sitting with us". We bet that he is sitting still for at least a few more seconds.

We don't intentionally ignore good behaviour and pay attention to the bad. It just works out that way. It is usually so pleasant to have some peace and quiet, such a relief when our youngster sits quietly beside a guest and not in her lap, we forget to pay attention. But as soon as something goes wrong, we notice. That is understandable. Dr. Christopherson says, "Every time you miss a chance to catch your child being good, you miss a chance to teach him how to behave."

Earlier in this chapter, Brenda talked about how she was trying to teach her child to share. If she notices her doing just that when the child is playing with someone, she should comment on the behaviour. She does not need to spend a lot of time doing this. A child will respond better to short, frequent comments than to a long speech delivered after fifteen minutes of good behaviour.

Of course, in order for Brenda to be able tell Nancy how well she is doing, Nancy has to know what to do so Brenda can catch her at it! We cannot always simply *wait* for sociable behaviour to happen. That is why Brenda spends time playing with Nancy, showing her how and giving her lots of enthusiastic feedback "It's fun playing with you like this; we're taking turns playing with the doll". And what does Nancy learn? She learns that being with Mom and with her friends is fun.

Don spoke earlier of how his young son entertained fellow bus passengers. The young helper acting as "bus monitor" could coach the boy in: sitting in his seat, talking to each other and to *no one* *else.* Then, when the child is doing okay for a few minutes, the helper can say something like "You're sitting here and we're talking to one another. Great. This is exactly what to do on a bus".

7. Substitute appropriate for inappropriate behaviour.
Should you ignore all inappropriate behaviour to stop it from happening? No. Simply ignoring without teaching something else to take its place doesn't work very well. Substituting another behaviour works better. Here is how. Suppose your child starts to hug the minister when he answers the door. Approach the child, and change the hug to "Say hello and shake hands", guiding his arm if necessary. Praise him for shaking hands (remember to make sure he gets lots of chances to get hugs from you, though). Here is another example. Suppose a young man persists in touching visitors that he doesn't know very well. Let him know that "It feels good to people we don't know well when we talk to them and sit next to them.

Janet and Jason
TEACHING CHILDREN WITH A LOT OF EXTRA NEEDS

> *My son takes little notice of others. So we are working at his social skills in very small steps. I have been using two techniques to get him to respond to someone who says hello to him. These are prompts and chaining. Prompts are extra cues in a way. I used to coach him verbally by saying, "Jason, say hello to Sarah". Now I can do it indirectly. I say, "Jason, Sarah spoke to you. What do you say?" He'll respond to that. If I want him to shake hands, I'll take his arm and guide it to the other person's hand.*
>
> *A few years ago, Jason moved into a regular classroom. The teacher modelled for the other kids how to get Jason to respond. He learned quickly from the other children and it wasn't long before his responses became automatic. That class was the best thing that ever happened for his social development.*

Some children need complex social skills broken down into small steps that you can teach one by one. *Chaining* means teaching one part of saying hello, then the next and so on until he can do it all together. For instance, greeting someone involves approaching the person, looking at the person, smiling, saying hello, perhaps shaking hands. In chaining we might praise the child first for simply approaching the person, then for approaching and looking, then adding smiling. Remember how to give specific praise? "Jason, you walked over to Sarah, looked at her and said hello. Great. And next time let's try a smile." We do not add a step until the child can complete the previous one.

For a few children, warm, loving times together with family and friends and some coaching in social behaviour is not enough. These children show no interest in others. Some may spend their time hitting or biting themselves. They have simply not found out yet that being with people is fun. John McGee, in *Gentle Teaching*, has developed ways of helping these young people. The principles are similar to what we have been discussing — teaching interaction by guiding the child to other kinds of touch, like holding hands, doing activities together so that the head-banging or hitting oneself doesn't get much of a chance to happen. Lots of hugs, touching and praise help too. If your child has very challenging behaviours, get in touch with your local A.C.L. They may be able to put you in touch with someone who can help you learn ways to help your child.

TEACH YOUR CHILDREN HOW TO MAKE DECISIONS.

Practice in making decisions from an early age will boost a child's confidence in herself. Actually, we have been talking about decision-making throughout this chapter. Learning how to behave with friends, acquaintances and strangers is a decision. Learning what behaviour is okay in public and in private is a decision. We give a lot of help to the young child or inexperienced adolescent until she shows us that she can act okay in social situations without prompting from us.

Is there anything else that we can do? Yes. Many youngsters can learn rather complex decision-making skills.

We suggest that before you work with your child on the following steps, put yourself through this exercise. Think of a big decision that you made recently or are making now. What kind of process did you go through? Did you ask yourself the following questions?

- How do I feel about the situation?
- Have I thought of all the possible choices I could make?
- Have I gathered all the information I need in order to make an informed choice?
- What might be the likely consequence to me, to someone else, of each choice?

- How will this choice affect me? How will this choice affect others? Will I be hurt? Will others be hurt?
- Is this choice truly mine or am I being coerced by someone else against my better judgment? If so, how come?
- How prepared am I to live with the consequences of my choice?
- Am I prepared to accept the consequences, even if my choice turns out to be a mistake?

Most of us make our major decisions, like marriage, parenthood, even choice of career, on the basis of insufficient information, often on the basis of what others think is right for us. What a sobering thought. However, we should keep that thought in mind as we guide our young people in their decision-making.

One very important point: if you're going to help your son or daughter learn how to solve a problem, make certain the child thinks there's a problem . No learning happens at all if you're the only one who thinks there is a problem! You can be sure that if the child has some feelings about a dilemma, he'll be more willing to get involved in thinking about how to feel better. As we said in Chapter 3, "When I know what I'm feeling and why, I can begin to take steps, with Mom and Dad's help, to solve the problem that is making me feel sad, frustrated or angry (pp.33)."

Here are some decision-making steps that you can practice with your child.

1. Pick a problem that affects your child. Find out first if your child thinks there's a problem. Ask her what feelings she has about the situation.
2. Talk over with the child different ways to solve the problem.
3. Decide what will happen if? For each choice, what is the most likely consequence.
4. Pick the best choice.
5. Show the child what to do.
6. Have the child practice.
7. Give constructive feedback.
8. Provide "safe" practice, if possible, of the behaviour in an actual situation before letting the child carry out the action in a real situation.

Here are some examples of situations you can use to practice these steps with your child.

- You want to play with the ball that Janet is using. Ask:
  What is the problem here? How do you feel?
  What are some things you could do?

What is likely to happen if you decide to grab the ball?
What is likely to happen if you ask Janet for a turn?
If you grabbed the ball, how would Janet feel?
If you asked her for a turn, how would she feel?

Use the same questions to help your child work through these situations:

- You are in a store and want to buy a candy bar. You don't have enough money.
- You want a boy at school to be your friend. He says that if you steal some candy for him, he will be your friend.

The following examples are designed to help a child avoid possible sexual exploitation. They can be called "what-if" games.

- What if you were walking home from a friend's house and a neighbour asked you to go into his garage to see his new puppies? [You come home and ask Mom or Dad first.]
- What if you were on a bus and the man next to you put his hand on your knee? [You say "Stop!" in a loud voice and tell the bus driver.]
- What if someone you liked a lot asked you to touch his penis? [You say "No" and come and tell Mom.]
- You meet someone at a party and he asks you to come to his apartment for a cup of coffee. What can you do? [You can say, "I don't know you very well. We can have coffee here."]

Can children with a lot of extra needs learn to make decisions? Certainly. In fact, the best way to begin is to get your child to practice saying "no" and "yes" in the same way that Karen helped Jane learn to be more assertive. Those two little words are very important. They are, after all, at the basis of all our decisions. Use a tape-recorder for practicing "yes" and "no". Kids love to hear the sound of their own voices.

Here's another idea. When a child asks for a drink, ask him if he would like juice or milk? When you take him to the store to buy a new shirt, ask him if he would like the blue one or the red one?

> *I spend so much time with Brian that I always know what he wants. He has trouble speaking so others can understand. I got into the habit of deciding everything for him because it was easier and took less time. But that was not helping him learn. So now I don't automatically guess what*

> *he wants and give it to him. I make him tell me or show me, as frustrating as that can be. We're working on offering choices between two alternatives. He enjoys that, except when he has second thoughts about his choice and wants to change his mind. We don't give in. I think it is important for him to learn that when you make a choice, you have to live with the consequences.*
>
> —— Heather

Remember: Helping children solve the "who to hug" question and what is public and what is private is really helping them learn how to make some very important decisions.

Some Concluding Thoughts

As Brenda and Janet have found, their youngsters pick up desired social behaviour quickly with a little help from their classmates. Susan learns faster with the help of her Extend-a-Family. Some coaching helps speed up the process.

The ideas in this chapter are designed to help you help your child grow up. Some of the ideas will also help your child avoid potentially exploitative situations. Children who have had practice in decision-making, who have practiced how to say "no" to inappropriate touch and who have developed skills to deal with bullying and teasing, have a better chance of avoiding sexual exploitation. This isn't to say that just because a child can say no, she will not be abused, However she is less likely to obey all adults blindly. She is also more likely to tell someone if she is abused. We will talk more about this in the final chapter

We don't want you to try all these ideas with only that one goal in mind, however. Otherwise you will get so anxious that nobody will have any fun. We have mentioned it before and it bears repeating. You do not have to make your child perfect. You do not have to be teaching him all the time or cover everything in six months. Try what seems useful for your child at the moment. Do it in a way that is comfortable for you and enjoy the process.

Opportunities to be with other kids and some coaching in social skills help boost self-esteem. Now let's turn to how we can increase self-esteem by helping kids understand their changing bodies and feelings.

Teaching Social Skills

1. GIVE CHILDREN THE CHANCE TO BE WITH OTHER KIDS.

2. COACH THEM IN THE SKILLS THEY WILL NEED
   - How to say hello: Who can you hug? Who can you shake hands with? What do you say?
   - What's public, what's private?
   - Assertiveness

3. TEACH THEM SOCIAL SKILLS STEP-BY-STEP
   - Decide what behaviour you want to teach.
   - Demonstrate the behaviour.
   - Practice the behaviour in private.
   - Give feedback to your child.
   - Reward good behaviour with praise. Catch them being good.
   - Substitute appropriate for inappropriate behaviour.

4. TEACH THEM HOW TO MAKE DECISIONS
   - Pick a problem.
   - Talk over different ways to solve the problem.
   - Decide what will happen if? For each choice, what is likely to happen?
   - Pick the best choice.
   - Demonstrate what to do.
   - Have child practice.
   - Give feedback.
   - Provide safe practice.

Talking To Children About Bodies And Feelings

When our son was 12 we participated in a parent group. Several of the discussions focused on how to teach about body parts, wet dreams, sexual feelings and so on. I didn't think the group was for us at the time because our son had shown no sign of development, no interest. Well, about three months later, when we were at the hospital for a checkup, he pinched a nurse's bottom and whistled at her. I was shocked. The next day I called up the group leader and asked for a "refresher". I also accused her of coming into the house late at night and injecting Jim with hormones just to give us something to think about! We have had talks with him now and he understands what we say. We should have done it long ago. I thought there was no point, that he wouldn't understand. But I think now I was just uncomfortable. It took having to deal with his behaviour to get me started.

—— Helen

It is important to tie any of our discussions with Robert (11) to his experience. That is how he learns best. We have talked about private parts for private places and encouraged dressing and undressing only in one's room. In fact, I think we should have started that when he was four. But honestly, I just can't see myself telling him much about wet dreams, masturbation and so on until we see signs of physical development or signs that he is masturbating and experiencing sexual feelings. It would be lost on him at this point.

—— Jean

What to teach, at what age? What do we teach a fourteen year old who is functioning around the level of a ten or eleven year old? What do we teach a fourteen year old who is functioning at a three year old level? It is difficult in a few pages to cover every issue and situation in depth. What we can do is offer some guidelines and a few principles that you can adapt to suit your child.

This chapter is divided into three parts:

PART 1: HELPING YOUR CHILD UNDERSTAND BASIC INFORMATION ABOUT SEXUALITY
PART 2: HELPING YOUR CHILD UNDERSTAND SEXUAL RELATIONSHIPS
PART 3: HANDLING DIFFICULT PROBLEMS

Getting Started

We talked a bit about sexual development in Chapter 2. The message? That sexual feelings are normal and part of being a boy or a girl. Information about our bodies and feelings is important for many reasons. For one thing, such information helps us feel normal and like everyone else. So it's a good self-esteem booster. Also, when we know what is going on in our bodies, it is easier to learn how to behave so that we do not hurt others and so that they do not hurt us. This is true for everyone, not just for someone who happens to have a mental disability.

The most important thing to remember? Begin when your child is young. There are two reasons for this. For one thing it is easier for you. By the time your child is in his teens, he will know basic information about his body and about appropriate social behaviour. Then it will be much easier to help him learn to understand his sexual feelings and how to express them appropriately. And it will be much easier to deal with slip-ups!

A word of reassurance. You don't have to be fountains of sexual information. There really is not a lot that your child needs to know. You don't even have to be totally comfortable with the subject. For most of us, talking about wet dreams or how babies are made isn't exactly like discussing the weather. And walking in on two eight year olds touching one another's genitals isn't exactly like walking in on a game of checkers.

No wonder it's difficult at first. Few of us had good examples to learn from. Most of us grew up with one or both of the following messages:

- Sex is a deadly serious subject, one you don't talk about at all or if you do talk about it, you find out that anything to do with sexual body parts and sexual feelings is bad.

- You can only talk about sex by telling "dirty" jokes.

Our parents were generally silent on the subject of sex. So when it comes to sharing factual information with children, we draw a blank. However, a little practice can put you at ease. Parents have found that when they give it a try, they discover how much their children enjoy discussions about themselves.

But, you protest, I just cannot bring myself to talk about sexual topics frankly. Well, remember when you were wondering about sex? Who did you wish you could discuss it with? Probably your parents. Surveys tell us that most youngsters wish their parents would talk to them about sex. They want frank discussion and they want guidelines for their behaviour.

Some teens and young adults would rather discuss sexual issues with someone else. This is normal too. Teenagers are striving for independence from parents. As a result, many of them do not want to discuss anything with parents. If your son or daughter has a Big Brother or Sister, or leisure buddy, ask him or her to help. Bob and Penny discovered that Susan will share her feelings and concerns more easily with her leisure buddy Karen, than she will with them at this stage in her development. Having someone else help you does not mean it is okay to give over the entire task to someone else, however. Kids still need your guidance.

So, how to go about it? Here are some guidelines for different ages and stages. You can find a summary of what youngsters should know at the end of the chapter. Some children will need and be able to understand all the information listed; others may need only the topics listed for young children. And some young children will be interested in and need to know some of the information listed under young adolescence. For each topic we give you some ideas about what to say.

Children of all ages should know at least two things:

- That all feelings and fantasies are okay.
- That there are limits to one's behaviour. For instance, masturba tion is private; no one should force sexual touching on someone else; you can say "no" to inappropriate sexual touching by some one else; sexual intercourse is for adults.

PART 1: HELPING YOUR CHILD UNDERSTAND BASIC INFORMATION ABOUT SEXUALITY

What is a boy? What is a girl?

Most children know they are boys or girls by the age of three. It's good to let them know what the differences are. Here are some ideas. Use whatever is comfortable for you and works best for your child.

- Take advantage of a teaching opportunity, like bath time or getting dressed in front of a mirror.

> *When I'm helping Carey (age 7) with his bath, it's a good opportunity to teach him the names for all his body parts. He has no speech, so I ask him to point to his arm, nose, etc. And we include penis and testicles in the game. I tell him "You are a boy; all boys and men have a penis; it's part of being a boy or a man. Dad is a man and I have a penis too." I figure it helps him learn he is like other boys and men if I tell him I have a penis too.*
>
> —Jim

- Look at pictures in a book. Ask questions first and then give the information.

Books like *What is a Girl, What is a Boy?* (for young children) or *What's Happening to Me?* (for preteens) are useful too. Look at the pictures together and ask your child, "Can you point to the picture of the boy? The girl?" Ask him to point to various body parts, including breasts and genitals. You can say, "Point to the parts that show you this is a boy/girl." If the answer is correct, say, "Very good; you pointed to the boy's penis. Boys have a penis and girls have a vulva. And girls have a special opening between their legs called a vagina. When they grow up they will have breasts like Mom."

If the child does not respond or points to the incorrect picture, instead of saying "no, that's not right", simply and playfully guide her hand to the correct picture. Then say, "Here she is. This is a girl." Some parents are pleasantly surprised by how much their children already know! Read the book about bodies to your child the way you would read a book about anything else.

If you don't have the books yet, you could start with the pictures at the end of this chapter. Here is another tip. Ask your child to point to the picture of the child who looks most like her. If she is 8 and points to the picture of the small girl, then you know she has an accurate idea of what she looks like. And you can use the opportunity to let her know that she is bigger now than when she was a little girl. When she is a little older she will look more like the girl in the next picture.

Learning is more fun if you ask questions and then give the information. Why? Because then your child is fully involved in a two-way process that is fun and helps him feel valued and accepted.

Remember: *How* you talk with your child is much more important than what you say.

- Let them know that their bodies and feelings are normal, special and good.

> *I have two younger children, four and six. When I finally got started with Jim, I included the other two in reading the book. Jim does not ask questions, but the other two kids are full of them. It was more comfortable for me to answer questions than simply to sit there and read the book. Jim was certainly listening! In fact, he has never before paid such close attention to learning something new. Jim seemed embarrassed at first. I think that is because I left it so long. He is just starting to have sexual feelings so it's normal to be embarrassed, isn't it? I also made certain to repeat often, something like "Isn't it good to learn all about our bodies; they're pretty special, aren't they?" That helped us both feel more comfortable.*
>
> —Helen

- Repetition is important.

This goes without saying. No matter what information you are giving, it will need to be repeated many times and in different ways as the child matures.

- Use correct terminology.

It's interesting isn't it that we have no trouble teaching the words "head and shoulders, knees and toes" but when it comes to penis and vagina, those words don't exactly roll off the tongue. Again the reason is simple. Our parents did not use them with us. Furthermore, we may have been scolded for touching "down there" and so we grow up feeling that breasts and genitals are not worthy of being called by name. Get used to using the correct names with your children. It's part of helping them feel good about all parts of their bodies.

What is public? What is private?

We introduced this principle in the last chapter as a simple way to help kids learn appropriate public and private behaviour. Many children have trouble learning where it is okay or not okay to keep clothes on or off. It is also more difficult for them to learn to respect the privacy of others outside the family if the example has not been set at home. So, around the age of four or five, it is a good idea to start teaching about public and private places and to encourage dressing and undressing only in the bedroom or bathroom. If your family is quite casual about nudity, family members might have to be a little more conservative themselves in order to help the child learn. You might have to be more conscientious about remembering to close bedroom and bathroom doors and to knock first before opening a closed door. This might seem like prudishness at first. But if it's done matter-of-factly, children accept it, like other social learning, as simply "This is the way we do things."

What about sex play?

Sooner or later, somewhere between 3 and 12, either you or your child's teacher is bound to come across children looking at or touching one another's bodies. A favourite place for this is the school washroom or bedroom at home. When you walk in on such behaviour, you want to let the children know that you know it is normal to be curious about others, that their feelings are normal. But you may want to interrupt the behaviour.

Here is a suggestion:

> *I know you'd like to know about each other's bodies. Jane is a girl like you and John is a boy. He has a penis, like all boys. You are a girl so you have a vulva. Let's get dressed now and go play.*

Saying something like this does two things. You are letting the youngsters know that their feelings are normal and that their behaviour does not upset you. You are also matter-of-factly changing the activity. It's normal for young children of the same age to engage in sex play. But if you are not certain whether or not one child is the victim of the other's curiosity, you can add, "We don't touch someone else's penis (or vulva); that's a private part." And if one child is much older or much more aggressive than the other, then it is important to stop the behaviour. If you do so in a way that is matter-of-fact and does not put the children down, then once the curiosity is satisfied, the behaviour is not apt to be repeated.

To older children you can say something like:

> *It's natural to be curious about what someone else's body feels like. But it is never okay to make another person touch you or to touch them in ways they don't want. If that happens to you, tell them to stop and come and tell Mom or Dad.*

Harsh punishment, like yelling, "Don't, that's bad" or slapping, do nothing to help a child's self-esteem and are not likely to stop the behaviour either. If sex play seems to be the child's main way of behaving with other kids, it could mean that she is having other problems. In this case, extra help may be needed. See the section on problem-solving for some ideas.

Puberty 9-15

> *Caterpillar: "...and who are you?"*
>
> *Alice: "I..I hardly know, Sir, just at present. At least I knew who I was when I got up this morning, but I think I must have changed several times since then. I wonder if I've been changed in the night? Let me think: was I the same when I got up this morning? I almost think I can remember feeling a little different. But if I'm not the same, the next question is "Who in the world am I? Ah, that's the great puzzle."*
>
> —— Lewis Carroll, *Alice in Wonderland*

Sometime between the ages of about 9 to 15, the pituitary gland at the base of the brain signals the ovaries in girls and the testicles in boys to release a surge of hormones into the blood stream. Hormones cause rapid changes in the body. They also have a part to play in the mood swings that young teens go through. "Percolating hormones", as one mother put it, and teens' striving for some independence, can make many teens pretty difficult to live with.

Most girls enter puberty about two years ahead of boys. Breasts begin to develop, pubic and underarm hair appears, then menstruation begins. Fifty years ago, first menstruation occurred at about 16. Now the average age is 11 or 12! So girls need to be prepared for their periods around the age of ten. Boys need to know something about wet dreams by the time they are 12. How can we tell them what to expect in ways they can understand?

Learning About Periods

> *Bonnie: Mom, I have breasts, a vagina and I have periods. I'm a woman!*
>
> *Mom: It's pretty exciting to be a woman now, isn't it?*
>
> —Bonnie and Carol

Many mothers ask me anxiously how they can prepare their daughters for menstruation. The reasons for the anxiety are many.

> *She's afraid of blood and I'm sure we'll have an awful time every month.*
>
> *She won't understand what it's about and I'm not sure she'll be able to learn how to take care of herself.*
>
> *How on earth will we cope with all the cramps and mood swings?*

Usually, when we ask worried parents how they have taught their daughter other self-care skills, they realize that they can use the same principles for teaching how to take care of periods. Then we start talking about other reasons for being nervous about the task. Mothers may share unpleasant memories of their own first period. Or start to worry about their daughter's developing sexual feelings and the possibility of having sex and getting pregnant. Periods mean to parents that their daughter is becoming a new person. Learning to adjust to all the changes is a little scary at first.

Sometimes simply recognizing what all the concerns are is the first step to getting on with the job.

How were you told about menstruation? Did *both* your parents talk to you often about the changes that would soon take place? Did they let you know that becoming a woman is exciting? Did your mother show you pads and tampons long before you had your first period? Did your parents greet the news of your first period as a celebration?

Or is your memory more like this? Your mother, with great embarrassment, hands you a box of pads and tells you to use them. She also tells you that you cannot take baths or swim or play basketball during your period. Your father makes no comment at all; in fact he doesn't even know that you have started.

Or did your first period begin before anyone told you anything at all? Were you frightened? Did you think something bad was happening; perhaps that you would even bleed to death?

It's useful to recall your own experience. Whether we're aware of it or not, our own experiences can determine how we approach the issue with our daughters.

How do you want your daughter to feel about menstruation? What does she absolutely need to know? Not really very much to start with. She needs to know that her periods are normal and part of being a woman, that it is good for women to have periods. *And she needs you to tell her that like you mean it!* How you talk to her can make a difference to how she reacts when her periods start. She also needs to know how to put on a pad and take it off, where to throw it away, how to wipe herself. She also needs to know how to behave in public when she is having a period.

Start preparing her well before her period has started, about the time you begin to notice some breast development . Show her what to do when you are having your period. She can watch you remove a used pad, wrap it in toilet paper, put it in the wastebasket and replace it with a new pad. Explain each step as you do it. While you are showing her, you can say:

> *All women have periods. When you have a period, some blood comes out of your vagina. It's normal and part of being a woman. This is how we keep the blood from getting on our panties. Watch me.*

Have her practice putting on and taking off a pad. She can wear one sometimes to get her used to it. Let her know that when she notices some blood on her panties, she should tell you or her teacher if she starts at school. Tell her that:

> *Having a period is special and private. Who can you talk to about private things? Mom or your teacher. No one else. We do not show anyone else our pads. We keep our dresses down and our pants up.*

> *About a year before Kim started her periods, my older daughter and I started talking to her about periods. We read her a book and she watched how we took care of ourselves. Then we had her practice putting on and taking off a pad. We just repeated over and over that now that her breasts were getting larger and she was getting hair between her legs, she was becoming a woman, and would soon look just*

> *like us. She would also have periods just like us. When she did start, she was so excited. And the best part? Her father brought her home some flowers and we had a special celebration dinner.*
>
> —— Margery

Some mothers have taught their daughters to use tampons. It takes more practice, but can be well worth it. It helps if you can show your daughter, using a hand mirror, where her vagina is so she can see exactly where the tampon goes. Use the opportunity to tell her what the other parts are too. You can show her the diagram in this book and then use the mirror so she can see where everything is on herself. Most women grimace at this suggestion. Any idea why? Well, we've been taught that it is not right to look, touch or know anything about our genitals. Does that make sense? Of course not. After all, men can see theirs and therefore they learn about themselves a lot more easily. Women have a right to know about themselves too. And the best way to learn is to look!

> *Long before Megan started, I had her practice putting on a pad and taking it off. To get her used to them, she wore them while I was having a period. I kept repeating this every month. I had to teach her the process of putting on and taking off a pad in small steps. She has difficulty using her hands so it took a long time and a lot of patience. At first, I guided her hands, placing my hands over hers as she picked up the pad, took off the strip and placed the pad in her panties. After awhile, she could do each step just with me telling her "Now pick up the pad, tear off the strip" and so on. After finishing each step, I would praise her. When she did start her periods, we had a few problems. Sometimes she refused to wear the pads and would take them off. That was pretty frustrating. I solved the problem by sewing the ends of the pads into her panties. We changed the pants until she got used to the pads.*
>
> —— Robin

Robin used a process called *task analysis* to help Megan learn to take care of herself. Task analysis means breaking the task into small parts and teaching one part at a time until each step is mastered. Robin guided her daughter's hands with her own at first until Megan could change her pads just by being told. We haven't space to go into detail about task analysis here. If you have used the process to teach other skills, you can easily try it here. If not, look for someone, perhaps through the developmental clinic at your children's hospital who could help you .

There are a few girls who are not toilet trained yet or who cannot care for themselves in other ways. These young women will obviously need help with care during menstruation too. This care becomes part of all the personal care the young girl has always needed anyway. So in this case, the problem is not so much the period starting. It is never having enough help to care for a completely dependent child. If this sounds like your situation, ask your local ACL to help you find some support.

Lynne and Cathy

Cathy is twelve. She has spina bifida and is paraplegic. Because she has no feeling below the waist, I didn't think she was curious about her lower body. I never thought about teaching her about her private parts other than the ones she can feel. With some encouragement from my parent group, I read her the book *What's Happening to Me?* I showed her the pictures of girls' bodies at different ages and asked her to point to the girl that looked most like her. She pointed to the 8 year old. But then when I used a mirror to teach her about her body she was very curious and excited. She said "Just like Mary!". Mary is her older sister. I soon saw how wrong I had been!

I was really concerned about teaching her about her periods. I didn't think she would understand and I didn't want to frighten her. Since she had her first period a year ago, I simply went on bathing and toileting her the same as always without telling her something new was happening. Last month, I started explaining menstruation to her, using the ideas in this book. We talked about it every day. Two days before she was due, I put a pad on her and showed her where it was on her body. Every day when she came home from school for her catheter care, she kept saying "Check it Mom, check it!" When her period finally came, I showed her the pad and she said "Yea! Are you excited, Mommy?" She was great. I had worried needlessly for a whole year.

Not long ago, Cathy and I were looking again at the pictures from *What's Happening to Me?* This time she pointed to the picture of the 13 year old. What a difference a little teaching has made to her self image!

I now feel very confident about teaching her many other things about sexuality. I am seeing her now through different eyes. She is capable of learning and handling so much more than I thought.

Basic Principles about Giving Information about Sexual Topics

- Start with what is absolutely necessary and add information bit by bit, as much as your child can understand.

- Start with the simple basics, what someone absolutely needs to know so they are not frightened by what is happening, can look after themselves properly, and can behave properly in public.

- Tell your child what is happening inside her body, if she can understand it. For instance, to continue with the example of menstruation:

> *The bleeding comes from the uterus inside your body, right about here (Point to the location on your own body and on her body). It happens for a few days each month and is called menstruation.*

You can add:

> *The blood builds up inside the uterus more and more. When the uterus cannot hold any more blood, it comes out of the vagina, out between the woman's legs.*

- Talk to her about the emotions that happen in connection with what is going on in her body. Discuss as much as you think she'll understand. If she is moody just before her period, you can explain that sometimes when a girl is having her period, she may feel sad or in a bad mood. (Some young women may have severe mood swings. They may cry easily, or have outbursts of anger. These problems may be symptoms of pre-menstrual syndrome or PMS and may require medical help.)

  If your daughter is experiencing cramps, you can say that this is because the uterus is squeezing to let the blood out. In some situations, medication may be necessary for cramping.

- Let her know about the relationship between periods and babies, again as much as she can understand.

> *Having periods means that your body is ready to make a baby. But young girls are not ready to look after babies. That is only for adults who have learned how.*

Learning About Wet Dreams

> *Could I have wet dreams at school, during class? I wondered because my teacher says I daydream a lot.*
>
> —— Tim, age 14

Most girls going through puberty get at least *some* information about menstruation. But boys usually get no information at all about what is happening to them. And wet dreams are just as mystifying for boys as menstruation can be for girls. So Dad, now it's your turn (Mom can help too). How can you use the principles described above to teach a boy about wet dreams?

- The basics:

> *Now that you are growing up, you will notice your penis and testicles getting bigger. Sometimes a boy's penis gets hard and sticks out in front of him. This is called having an erection. This is normal and happens to all boys. Sometimes a boy's penis gets hard when he is thinking about girls or looking at girls. Sometimes it happens for no reason at all. Sometimes when you wake up in the morning, you will see some sticky white stuff on your pajamas or on your sheets. This is called semen. It means that when you were sleeping, your penis got hard and the semen came out. Some boys have wet dreams; some boys do not. Everyone is different. Having a wet dream means you are growing up. What is the thing to do when you find the sticky stuff on your pajamas, or on your body? You wipe it off with kleenex. Having an erection is a private thing. Who can you talk to about it? Mom or Dad and no one else.*

- What happens inside the body:

> *Semen has tiny cells in it called sperm. Sperm is made in the testicles. It travels up a long tube inside your body. It mixes with the sticky stuff and comes out the end of your penis. Both sperm and semen are made in your body all the time.*

- The feelings:

> *It is all right to have dreams and thoughts about girls and sex. Almost everyone does.*

- The relationship to making babies:

> *If a man has sex with a woman, the sperm comes out the end of his penis and can start a baby growing. It only takes a few seconds for a sperm to get to the egg cell inside a woman's body.*

(Again, use pictures in a book to help him understand.)

What About Masturbation?

Masturbation creates needless worry for many parents. So it's worth a couple of pages. Close your eyes for a moment. Quickly conjure up all the thoughts, images and feelings you can as you read the word masturbation. Share them with your partner. How many words came to mind that were negative? How many were positive? Probably few of the latter. And no wonder. Masturbation has had, for centuries, a pretty bad press. Most of us were told it was unhealthy, even sinful, a heritage both from religious traditions and also from the medical profession.

In the nineteenth and early twentieth centuries, physicians believed that semen was a "vital fluid", necessary for a healthy body and mind. If "too much" was lost through ejaculation, one's physical and mental health would go downhill. Read what Rev. Stall had to say in a book called *What Every Young Boy Should Know*.

> *If persisted in, masturbation will not only undermine, but completely overthrow the health. If the body is strong, the mind may give way first, and in extreme cases imbecility and insanity may and often do come as the inevitable result.*

This view was echoed by Dr. Arthur Beall whose book of lessons in sex education for Ontario schools in the 1930's contained the following statement.

> *If the life fluid (semen) feeds the muscles and the brain and the nervous system and if you want clean, strong, healthy muscles and clean, strong, healthy brains, what must you do with these two beautiful wonderful life glands(testicles)? Keep them clean and leave them alone!*

What about girls? Girls and women who masturbated or showed interest in sex did not escape censure. Women were simply assumed to have little interest in sex. And this was all to the good. Too sexual a woman would arouse her spouse too much and tire him out! Furthermore, according to Rev. Stall,

> *...the male nature would be called into such frequent and continuous exercise that the power of reproduction would be either totally destroyed or so impaired that the race would degenerate into moral, intellectual and physical pigmies. God has made the passivity of the wife the protection of her husband and a source of manifold blessing to her children.**

*From a paper by Dr. Michael Barrett, President, Sex Information and Education Council of Canada,1972.

These notions sound pretty funny to us and are, of course, completely false. But people did not know that then. 1930 isn't very long ago. No wonder many people still wonder if masturbation goes along with mental handicap! The truth is, people with mental handicaps masturbate no more and no less than anyone else. There is no cause for concern.

However, if a child spends much of his time masturbating and does little else, then as Kate discovered (Chapter 3), it may be a symptom of stress, insecurity, loneliness or simply, not having enough to do. Look at the behaviour in the same way you would if the child were constantly rocking or sucking his thumb. The masturbation itself isn't the problem. It's a signal that something else needs to be seen to. Sometimes, of course, the source of the problem may be something as simple as an irritating genital infection or uncomfortable underwear.

Sexual sensations are very intense during the teen years. Think back to your own adolescence. I'll bet that if you masturbated, you probably thought you were doing something wrong. But, like most kids, you probably didn't stop. You just felt guilty about it.

So if your teenager or young child seems generally happy, has interesting things to do, friends to enjoy and so on, spending some time in her room masturbating and daydreaming about sex is perfectly normal. She may just make you more aware of what it is she is doing. I know several young men and women who announce, "I'm going to my room now to play with myself." So we may be more aware of their behaviour, even if it's done privately.

Most other kids don't announce their intentions; they simply spend a lot of time in their rooms during adolescence. We just don't bother checking to see what they're doing. Intuitively, we respect their need for privacy. It should not be different for the teen who happens to have a mental disability. In fact, if we want to teach privacy for private behaviour, the best way to start is to respect their need to be alone sometimes. So stop worrying! One concerned father said to me, "You'd think the kid had no toys!" My response? "This will be his favourite for a few years!" Another father, after thinking it over, said "Masturbation is certainly a much better way to cope with strong sexual feelings than rushing into intercourse too young." We agree.

All we have to do is explain to youngsters what is going on and that it is a private activity. How? Here's some suggestions. To a boy you can say something like:

> *It feels good to most boys and men to rub their penis. This is called masturbation. Some people never feel like doing it and that is okay too. When a boy holds his hand around his penis and rubs it up and down, the penis gets hard. When the feelings get very strong, the penis jerks back and forth very fast. This is called having an orgasm or "coming". It feels very good. Also, some white sticky stuff called semen comes out. This is called ejaculating. Then the penis gets soft again and the boy feels relaxed. When the sticky white stuff comes out you need to have some kleenex close to wipe it up so it won't get on your sheets or clothes. Then you throw the kleenex in the garbage. There are other names for masturbation, like playing with yourself or jerking off. But a word like jerking off is not very polite language.*
>
> *Sometimes a boy's penis gets hard when he's thinking about girls or when he sees pictures of girls in catalogues or magazines. This is normal and part of being a boy. It happens to all boys and men. And sometimes it happens when he is walking down the street or in school. But it is not okay for someone to rub his penis where other people are around. Touching your penis is private touching. Where is it okay? In your room. So what is the thing to do if a boy's penis gets hard while he is at school? Nothing. After awhile it will get soft again all by itself. Would it be okay for him to touch himself there? No, because school is a public place. Private touching is only for your room.*

What can you say to a girl?

> *My daughter is 18. She is just becoming aware of sexual feelings, I think. The other day she was putting some ointment on her genitals because of a minor infection. She said "Mom, feels really good." I said "That's the way it's supposed to feel." I surprised myself that I could do that. I've only just allowed myself to acknowledge that it feels good to touch. I'm 60 now so it's about time, isn't it?*
>
> —Eva

What else can you say?

> *Many girls and women touch and rub around the vulva, especially a part called the clitoris. It feels very good and her vagina gets wet. If she rubs long enough, the muscles in her vagina squeeze together several times very quickly. This is called having an orgasm or "coming". She feels warm and relaxed afterwards. This is normal and part of being a girl.*
>
> *What if you felt like touching yourself when you were at school? It is something no one does when other people are around. What if you were alone in the classroom? No, because a classroom is a public place and someone could come in and see you. Or what if you got itchy and you were in your classroom (or any other public place)? You would ask to go to the washroom.*

(Did you know that the clitoris is the only part of the body that has no other function than to give pleasure? Something to think about!)

Don't worry about being so explicit. Remember, children need very specific information to help them understand both what is going on and that the same thing happens to everybody else. Without this information, you're not going to have much success teaching appropriate behaviour.

Some children will not understand that many words. The issue is to help them become private about the activity. So when you see your child masturbating in the living room for instance, simply say "I see you rubbing your penis (or vulva). I know that feels good. It's private touching, only in your room." Guide him to his room and close the door.

For others, make it even more simple. Point to what he is doing. Say "Not here." Lead him to his room. Point again to his genitals and say "Here it's okay to touch." A little consistent repetition and he will get the message.

Some parents have asked what to do if someone seems to be masturbating a lot and is not reaching orgasm. Without the release of orgasm, the blood and fluid that fill the sex organs during sexual excitement take a long time to go away. This is very irritating and frustrating for the person and the usual response is to keep masturbating. In our experience, it is rather rare for someone not to know how to reach orgasm. If someone is masturbating to the exclusion of other activities, usually something else is the issue. Some major tranquilizers can make it impossible for a person to reach orgasm or ejaculation. If your son or daughter is on medication and you notice a lot of masturbation, have the medication checked. It could be the problem. If medication isn't the issue and if the tips we have suggested haven't helped, seek help from a qualified counsellor who may be able to help you unravel the problem.

PIE and PLISSIT

Now that we have given you some suggestions for what to say, let's take a look at some other principles behind how we said it. You will remember from Chapter 3 how important it is to talk to children in ways that make them feel good about themselves. It is even more important to remember this principle when we talk to kids about their sexuality. PIE and PLISSIT are two models to think about.

PIE
Permission and Information with Empathy.

PERMISSION: Acknowledge the feeling: "I know it feels good to touch your penis." This means we give permission to have the feelings. We also give permission for sexual fantasies. "It's normal for boys and girls to think about the bodies of others."

INFORMATION: "Most boys and men like to touch or rub their penis. It's normal and part of being a boy." This kind of information also includes more permission. Knowing that most people have the same experience helps us feel normal.

EMPATHY: Remember empathic listening from Chapter 3? That idea works here too. When you say "I know it feels good to touch your penis", you are speaking with empathy. You are letting the child know that you understand his feelings.

PLISSIT
Permission—Limited Information— Specific or Simple Suggestion—Intensive Therapy.

This model adds to the PIE model. It tells the child what behaviour is expected. For instance,we can give him a "simple suggestion" about where it is okay and not okay to touch his penis. "That is private touching, for your room."

Now go back and read again the tips for talking about menstruation, wet dreams and masturbation. See if you can discover how the models PIE and PLISSIT fit . For example:
PERMISSION: "All girls have periods. It's normal and part of being

a girl. It means you are growing up and that's exciting!"

LIMITED INFORMATION: Keep it simple. "Some bleeding comes from the vagina each month. It comes from the uterus inside the girl's body."

SIMPLE SUGGESTION: "This is how we take care of ourselves when we're having a period. See? Watch what I do. Now you try."

"Having a period is a private thing. You can talk about it just with Mom. No one else."

"Skirts are kept down and pants are kept up. We don't show others that we are having our period."

INTENSIVE THERAPY: You will never use the *Intensive Therapy* part of the model yourself. Intensive therapy is provided only by those professionally trained to help individuals who are experiencing serious difficulties with sexuality in one way or another. Sometimes problems will pop up that you will not want ,or be expected, to handle by yourself. For example, if you think your child may have been sexually abused, it is important to call your Family and Children's Services agency for help. Or if your child persists in touching others inappropriately despite your best teaching efforts, you will want to get professional help.

This brings us back to the most important things to remember that we talked about at the beginning of this chapter. Remember what they are?

- Feelings and fantasies are okay
- There are certain limits on our behaviour.

Here is a little exercise to practice using PIE and PLISSIT. Read each situation and each response. Which response will help the youngsters feel good about themselves? Which one is a put down? Then, in the space provided, write a response that would be comfortable for you. First, try imagining yourself responding as if to someone else's child. Then respond a second time as if it were your own child. How do you feel? Do you notice any differences in the responses? Most parents tell us that they can deal more objectively with someone else's child than they can with their own child. This is natural.

So the real trick is: acknowledge what you are feeling, take a deep breath, think about what would be most helpful and comfortable to say and *then* say it!

Exercise:

- You and your visitors walk into the livingroom to find your 10 year old touching her genitals.

Parent 1
"Leslie, would you come to the kitchen with me for a moment?" Once in the kitchen: "I saw you touching your vulva. Remember, that's private touching, for your room. Now let's get some tea for the Smiths, okay?"

Parent 2
"Leslie, get your hands away from there right now!"

Parent 3
Ignores the behaviour.

Your response --

- Your 14 year old has a crush on her teacher and says she loves him and he loves her. She says he is her boyfriend.

Parent 1
"Feels good to have a really nice teacher, doesn't it?"

Parent 2
(laughing) "Don't be silly dear. He can't be your boyfriend."

Your response --

- Your 16 year old likes to look at pictures of women in Sears catalogue. Naturally, he likes the lingerie pages best! You go into his room one day without knocking. He is lying on his bed looking at the pictures and masturbating.

Parent 1
I'm sorry. I forgot to knock.

Parent 2
Put that away. You spend far too much time looking at those.

Your Response---

- Your 13 year old son and his 13 year old friend are listening to tapes in your son's room. You walk in and find the boys stroking each other's penises.

Parent 1
"I know you'd like to know about each other's bodies and how they feel. But we don't touch someone else's penis, only our own."

Parent 2
You say nothing about the behaviour and immediately send your son's friend home.

Your Response---

Now get your partner to do this exercise. Compare responses. How close are they? Most of us discover we're pretty far apart in our attitudes. This is normal. If such is the case for you, discuss how you can get on the same wave length. It is quite important to present a united front for the sake of your child, even if you disagree. Lots of inappropriate behaviour gets worse because one parent says one thing, the other the opposite.

(You guessed it. In each situation, Parent 1 is on the right track. Notice how Parent 1 gives "Permission" to have feelings. In the first and last examples, Parent 1 also gives some "Limited Information".)

Learning about how babies are made and how they are born
No child ever tires of the story of how he was born. A book like *Did the Sun Shine Before You Were Born?* (for young children) or Lennart Niilson's beautiful *How Was I Born?* can help you tell the story. Most of us can talk about how babies develop inside their mother's uterus and most of us don't have much trouble telling youngsters how babies are born.

> *Babies grow in a special place inside the mother's body called the uterus. When it is time for the baby to come out, the uterus squeezes hard many times. The woman can feel this happening. It is called "labour." Usually, she goes to the hospital to have her baby. After a few hours, she pushes the baby out through an opening between her legs called the vagina. This opening stretches so the baby can come out. The baby usually comes out head first.*

But when it comes to explaining how babies get *started*, most of us get twitchy. How come? Because we're talking about a private, intimate act. There's a lot of emotion attached to it for us. And we have the usual problem of finding the words. We may think that telling a child about sexual intercourse will encourage him to go out and try it. It won't . On the contrary, most youngsters who have sex have not been told anything at all.

Here are some suggestions. It is best to talk about making babies in the context of a loving relationship between people who care about each other and can take care of a baby. For young children, all you need to say is:

> *When a man and woman, a Mom and Dad, love and care for each other very much, one of the ways they show this is by making love or having sex. When a man and a woman have sex, the man puts his penis inside the woman's vagina. Another word for this is sexual intercourse. This is how a baby starts to grow inside the woman's body.*

For those who can understand more you can add:

> *The man's penis gets hard and when he puts it in the woman's vagina he moves it back and forth until sticky stuff that has tiny sperm cells in it goes into the woman's vagina. If a sperm meets a tiny egg cell inside the woman's body, a baby will start to grow. People have sex for lots of reasons, not just to make babies. Sex is also a way for two grownups to show their love for one another. It feels good to them.*

Tell them that having sex is only for adults, not teenagers. And if your value is that sex is only for those who are married, then let them know that too.

PART 2: HELPING YOUR CHILD UNDERSTAND SEXUAL RELATIONSHIP

What About Boyfriends and Girlfriends? How Much Do You Tell Them About Sex?

This brings us to most parents' biggest dilemma. Parents whose young people are expressing interest in having boyfriends and girlfriends often feel caught on the horns of a dilemma. On the one hand, you want your son or daughter to be knowledgeable about and comfortable with their sexual feelings. On the other, you don't want them to become involved in sexual activity before they can handle the risks and responsibilities. As Bob and Penny put it:

> *We feel we are walking a fine line between a need for supervision and what we feel is our daughter's right to some privacy. The rules for parenting change at adolescence. Part of growing up means letting them move away from you bit by bit. But they still need a lot of guidance too. There are no easy answers.*

We haven't met any parents who thought their teens could handle the responsibilities of a sexual relationship. And they have lots of support . Respected sex educators like Sol Gordon and Carol Cassell believe that few teens under 18, whether or not they have a mental disability, are capable of sound judgment when it comes to sexual decision-making.

There are plenty of reasons for discouraging teenagers from having sexual intercourse. These include of course, the risk of pregnancy, AIDS and other sexually transmitted diseases. And kids, especially very young teens, don't have a very good track record when it comes to using contraception.

Then there are the emotional risks. Most young teens who get involved in sex do so for all the wrong reasons. They may think everyone does it; it's what you do with a boy or girl friend; having sex is how to make and keep friends. Peer pressure tells them that having a boy or girl friend is the only way to feel worthwhile. It is interesting that young girls are often quite pushy with boys, wanting a boyfriend long before the boys are interested. No wonder. Girls have always been told that getting a boyfriend was the most important thing they could do, that getting a boyfriend will make you happy.

Let's face it, part of our concern comes from remembering what things were like for us. It wasn't easy for us to decide about sex either. Some of our decisions may not have turned out very well for us. We remember our own adolescent struggles in the back seats of cars, our heads telling us to stop, our bodies telling us to keep going.

A few fathers of daughters may panic as they recall pressuring girls into increasingly intimate sexual activity because that was the male "script". If you were any kind of "man" that was what you were supposed to do, said the script.

For girls the script was a bit different. Some mothers may remember thinking that sex was okay if you were "in love". Love was the sanction for sex. But love in early adolescence is usually of the "I need you, want you, want to own you in order to make me feel like a worthwhile person" variety. Under these circumstances sex is not usually a mature expression of caring, of sharing something with someone special. And the pain we felt when a relationship ended! Life seemed to be over! So it's natural to want to spare our more vulnerable youngsters from the painful experiences.

But keeping young people ignorant isn't going to prevent sexual intercourse. Trying to protect them by keeping them isolated from friendships is obviously not the answer either.

By the way, it is important to remember that most of the time, when you observe two young people holding hands or hugging and kissing, it does not necessarily mean the next step is sex. They are enjoying the touch and companionship. This is important. When they sound desperate about wanting dates, take a closer look at what they mean and what they may be thinking. It doesn't necessarily mean a wish for sex.

> *Last week Stephen , who is 18, was so excited. He'd been wanting me to get him a date for some time. Well, last week he announced that he had a date. However, when we talked about it I found out that he thought having a date meant asking someone to be your girlfriend. He had asked a girl in his special education class at school if she would be his girlfriend and she said yes. When I asked if he was going to ask her to come over, he said he might sometime. It was clear that he just wanted to be able to say he had a girlfriend, just like the others in his class, in order to be like them. We' ll just play this one by ear for now.*
>
> —Kate

Some Tips

- You may have to be a social director for a while.

Helping arrange for friends of both sexes to come over gives you an opportunity to teach your kids to use the phone and coach them in the art of give and take in friendship.

•Stress that having friends of both sexes is fun.
Having a boyfriend or girlfriend isn't the most important thing to make you happy. Socializing that happens often can be good insurance against getting involved in intercourse because the need for friendship is being satisfied. At first, supervision is a good idea. As Bob put it:

> *I wouldn't hand my child car keys and tell her to go and have fun. I will wait until I think she can learn safe driving skills and drive so that neither she nor anyone else will be at risk. I don't want her driving on her own for some time.*

•Role-play saying "no" to "private touching" by casual friends. Let them know that touching the "private parts" of casual friends is not okay.

> *Mary, who is 18, keeps talking about having a boyfriend someday. She doesn't have a special boyfriend yet, but does have some acquaintances who are boys. We role-play what to do if a boy she doesn't know well tries to touch her on her breasts or genitals. She says "No, that's private." She is quite assertive and has a very high self-esteem, I think. We involve her in group social activities with both sexes and she is very comfortable with that right now.*
>
> —— Eva

Bob and Penny have told Susan about sex and babies and have let her know sex is for adults. Susan's leisure buddy helps answer Susan's questions about sex. She also reinforces with Susan her parents' values. She's a good role model.

> *Susan goes to Special Olympics swimming or to dances and a couple of boys will get her in the corner. They're smooching and I don't know what it can lead to when I'm not there to supervise. It's natural for her to smooch and I don't think it should be any different for her than for anyone else, but I do worry about pregnancy. I worry about her judgment. We spend a lot of time telling her that her sexual feelings are all right, but kissing and hugging are for private places. We talk about it being inappropriate for just any boy to touch her and we practice saying "no" to touch of "private parts". We're a little scared to leave her alone for long with her "boyfriend". She calls him that and although we emphasize that he's a friend, to her, he's a boyfriend when he comes to visit. I just don't think she's mature enough to*

> *handle preventing intercourse if a lot of petting takes place.*
>
> —Penny

- Talk about sexual feelings and how people deal with them if they have a close relationship with someone but are not ready for sexual intercourse. Practice saying "no" to sexual intercourse.

> *I know what horny means. It means when you walk down the street and you see a beautiful woman with big boobs, all of a sudden you go sprong. My big brother told me.*
>
> —Timmy, age 11

> *Whenever I hold hands with Timmy, I feel tingly all over; it's fun.*
>
> — Karen, age 14

> *My daughter (14) seems obsessed with thoughts of having a baby. She asks questions continually and tells us that she and her "boyfriend," a kid who is not very assertive and who generally does anything she wants, are going to get married and make babies. I was scared she would talk him into having sex! Then I realized that they might get involved in intercourse whether or not we told her about it . We told her that a baby can start when a man puts his penis inside a woman's vagina but she wasn't satisfied. She even wanted to know how many minutes it took to get pregnant, for Pete's sake! We made certain to tell her that making babies was only for adults who were married and could take care of a child. And we make sure that the two kids are not alone for very long when they are at our house or at his house. We do permit the kids some privacy in the recreation room but the door is to be left open and the lights on. Mostly they're involved in activities with us, though. At 14, their judgment is not the best!*
>
> — Allison

Teenagers and adults who are showing sexual interest in each other need to know about sexual feelings. Kids can rush into intercourse without really understanding what is happening to them.

When you tell youngsters about sex, sexual feelings and responsible sexual behaviour and ***what*** you tell them depends not so much on how old they are as on whether or not they are experiencing strong interest in each other and have opportunities to be together. Such interest may happen at 14 or 18 or 25 and for a few, perhaps not at all.

> *When a man and a woman who care about each other very much start to hug and kiss, they get very strong feelings. A man's penis gets hard and the feeling is very strong. A woman's vagina gets wet and she gets strong feelings between her legs, especially around her clitoris.and sometimes feels warm and tingly all over. (You may have explained the clitoris if you have talked to your daughter about masturbation.) When these feelings get strong, the man may want to put his penis inside the woman's body. What can happen sometimes? A baby could start. Is it okay for teenagers to start a baby? Why not?*
>
> *Having sex is only for adults, not for teenagers. It is important for teenagers to be slow and careful with their feelings. If you are with someone you like a lot, the sexy feelings can get very strong and it may feel good to touch. A boy must not put his penis in a girl's vagina. He can say no if a girl wants him to do that. And a girl can say no when a boy tries to touch her with his penis. What can a boy and a girl do if the feelings get really strong? They can masturbate when they are alone.*

- Permit some privacy, otherwise, kids will find public places for hugging and kissing.

Allison acknowledged that her daughter and her friend needed some privacy and felt okay about it under the conditions she talks about. She realized that if *none* was allowed, the kids could end up doing their necking in public. Penny felt the same way.

Some parents worry that their children will not be able to exercise good judgment no matter what they say or do. And as Penny said "*We cannot supervise them all the time. It is neither possible nor healthy.*" For some young adults, birth control is important. This will be discussed later.

Here's something to ask yourself. "What social or sexual activity do I feel is okay for my child who has not got a disability? What about dating, spending time alone with a close friend?" Carol Cassell, in her excellent book *Straight From the Heart* reassures parents of all teens to go slow, that setting limits is important until teens can handle the responsibilities of solo dating. Assess how close your child who has a disability is to being able to understand and handle what your other kids can. As your son or daughter matures into adulthood you can review the rules as they learn to handle more responsibility.

What About Homosexuality?
There is probably no subject where fact is more clouded by myth and misunderstanding than homosexuality. In many group discussions, people say they could be more accepting of same-sex sexual relationships if they knew *why* some people were homosexual. Well, no one knows why. Numerous theories have been offered over the years. People have investigated such things as child-rearing patterns and genetic or hormonal influences. There is no evidence that any of these factors contribute to homosexuality. Studies do show, however, that a preference for a sexual relationship with the same sex is neither uncommon, harmful, nor a mental illness. And, contrary to popular belief, men who are homosexual are *less* likely to molest children than are heterosexual men. In the final analysis, it doesn't really matter what causes homosexuality. What *does* matter is how we treat those who are gay.

What does the word mean? A homosexual is an adult male or female whose emotional and sexual relationships are with someone of the same sex. Notice the word *adult.* We have mentioned already that it is common for preteens and young adolescents to engage in some same-sex sexual touching. It is a natural part of growing up. Kids go through so many changes as they are growing up. Having sexual experiences with someone of the same sex as a child or adolescent does not necessarily mean they will have a homosexual preference as an adult.

However, some people who are gay state that they were aware of being "different" from others and of being attracted to the same sex even before adolescence. They spent most of their growing up years trying to deny their true identities, even to themselves, at great cost to their emotional well-being. Others discovered their sexual orientation after struggling unsuccessfully for many years to fit into the heterosexual mold. One thing is certain. A homosexual orientation seems to be more a "given" than a decision, just as heterosexuality is. People don't simply say "That looks interesting. I think I will be gay." It is as deeply felt and "known" to be part of one's nature just as heterosexuality is. A consistent attraction to the same sex cannot be changed any more than a consistent preference for the opposite sex can be changed.

Research has shown that it is quite inappropriate to divide people into two distinct categories, one called homosexual, the other called heterosexual. It is estimated that about 10% of the adult population is largely homosexual. According to the Kinsey studies, about 4% of adult men and 2% of women engage in behaviour only with the same sex throughout their lives. However, about 37% of men and about 13% of women have had at least one sexual experience to the point of orgasm with someone of the same sex. Just like the term, "mentally handicapped", labels like homosexuality and heterosexuality put people in boxes. We know that the label "mental handicap" has often served to single out a group of people for social discrimination. The label "homosexual" does exactly the same thing. It makes more sense to say that it is part of being human to experience a whole range of *feelings*, some of which just happen to be erotic. Most people have felt erotic attachment for a special friend of the same sex. Many people have had sexual fantasies about the same sex.

It is important to mention at this point, that some people who grow up in institutions where contact with the opposite sex is discouraged, will seek emotional and physical closeness with someone of the same sex. This is natural. When they are given the chance to be with the opposite sex and given some coaching in developing relationships with the opposite sex, most will find out that they are actually heterosexual. The fact is, we are not divided into black and white categories, rather,we come in shades of grey. To be gay should be regarded as no more wrong than being left-handed in a right-handed world.

During one group discussion, one woman said to another "I just cannot imagine how you would want to have sex with another woman." The second woman replied, "I just cannot imagine how you would want to have sex with a man!" Goodness knows, given the sometimes hostile prejudice that still unfortunately exists, it would be foolhardy for someone to say lightly "Today I will be gay!" Rather, it is usual for someone to come to terms with their true sexual nature only after a long period of anguish. The anguish is felt not so much because they are gay, for to be so feels as comfortable and right as attraction for the opposite sex feels to someone else. Rather, most people say that the toughest part is telling families and others close to them.

Then why do so many people believe that being gay is the worst thing one can be? Because many people, especially many men, have an unreasonable fear of homosexuality. This fear is called *homophobia*. Some people think that gay men and women will influence others, particularly impressionable children, to become gay. This is simply not true. And those who believe that gay men are less "manly" than others (this is also a false notion) may feel their own sense of identity as a man threatened by the presence of gay men.

Many parents say that they can be quite accepting of homosexuality for others but that it is much less easy to accept it in their own children. Most parents say "Where did I go wrong?" They didn't. Feeling guilty because one's child is homosexual is one of those *unearned* guilts! A son or daughter's sexual orientation is beyond a parent's control. Of course, parents worry about AIDS. (AIDS should be a major concern for everyone, gay or straight, especially for those who engage in sex with several different partners. AIDS is discussed in more detail in Chapter 7.)

Given society's prejudice against both homosexuality *and* mental disability, it does seem that adults with mental disabilities who are also gay, do have two strikes against them. And that is tough. The fact is, however, that some individuals are homosexual. We need to recognize that two adults, whether of the same or of the opposite sex, who are mature enough and have enough support from others to help them cope with the responsibilities, are capable of loving, caring and safe relationships.

How can you explain homosexuality to your son or daughter? How can you answer the question "What is gay? What do they do?" Here is a suggestion.

> *Gay is a word that people who are homosexual are sometimes called. Sometimes people call them unkind names like "fag" or "queer" .Such names are hurtful. A homosexual is a man who loves another man or a woman who loves another woman. Two men or two women who love each other may wish to have sex with each other. When they want to be close and loving with one another they touch each other in the same ways that men and women show they love one another. They may touch each other on the penis or vulva with their hands or with their mouths. And sometimes, a man may put his penis in the anus of another man.**

We talk more about risky sexual practices in Chapter 7.

What's Normal? That Depends!

People differ in their views about what they consider is "normal" sexual expression. What's normal often depends upon our point of view. Often, we fall into the trap of thinking that whatever we consider right and normal for us should also be right for others. Warren Johnson, in *Sexuality Counseling For Special Groups*, observes that any behaviour can be considered either normal or abnormal, depending on how we look at it. So it's not useful to think about what's normal. It makes more sense to ask whether or not anyone is being hurt. Looked at this way, everyone can probably agree about one basic value. *It is wrong to force anyone to engage in any type of sexual behaviour without that person's consent.*

It takes children several years to develop a conscience. Specific guidance and coaching about the give and take of friendship, about what is public and what is private, about what is appropriate and inappropriate touching, help the process. And a healthy self-esteem is good insurance against getting involved in sexual behaviour that will be harmful to us or to someone else. Remember the theme of this book. Everything discussed so far is meant to help kids feel good about themselves and to give them the best chance of developing caring, loving relationships with others.

Answers to Questions about Love and Sex

Parts 1 and 2 of Chapter 5 have talked about ways you can explain sexual feelings and sexual expression to your sons and daughters. The information is presented simply but is as complete as possible. How come? First of all, there is no reason that people should not have the information. Remember that giving information does not mean kids will try everything you tell them about. But NOT KNOWING the facts makes a person more likely to be sexually exploited.

Of course, giving information involves a lot more than just presenting facts. As parents, we have a responsibility to give our children our values, too. But sometimes it isn't easy to decide what values we actually hold. It can be confusing. Here are some things to think about and some information to help you answer some questions kids often ask.

Can you make someone love you?

It hurts a lot when someone you love doesn't love you back. But no matter how hard you try, you can't make someone have a feeling when they don't have it already. And it's wrong to force someone to touch parts of your body or for you to touch parts of their body just because you like them. That is not how people become boyfriends and girlfriends. This kind of touching only feels good if you both want to do it.

What is love?

How can we answer this most important question?

A lot of people think sex is the same thing as love. It is not. Love is much bigger than sex. Love is a very deep feeling that lasts a long time. People who love each other trust each other and can tell each other secrets. Love is caring. It means when people love each other they want to do things together, and take care of each other. They try hard not to hurt each other.

More Facts About Sex

Here are a few useful facts about sexual development, conception and sexual feelings. If they spark your curiosity, you should read a book like *Sex: The Facts, The Acts and Your Feelings*. You will find it listed under *Additional Reading* at the back of the book.

Did You Know That.....?

- Although both boys and girls begin to mature much earlier now than 30-50 years ago, the two year gap between girls and boys has remained the same. Girls still mature, on average, two years earlier than boys.
- Sperm are not produced in the testicles until puberty. About 300 million are present in the semen in each ejaculation, that is, when a man "comes." Sperm are continually under production in the testicles and take about 4 weeks to mature. For two more weeks, they mature in the epididymis or sperm sac (see diagram on page 99). After they leave the testes, they travel up a long tube called the vas and collect fluids from the seminal vesicle and prostate gland. These fluids make up the semen.
- First ejaculation usually occurs about a year after the penis and testicles enlarge, around 14. Pubic hair appears a little later.
- Wet dreams can occur as a result of sexual thoughts or simply due to the body's natural release of semen.
- Both boys and girls have "wet" dreams. Girls also have sexual fantasies and dreams during which the vagina will become wet.
- Ovulation (the release each month from the ovaries of a mature egg cell or ovum) usually begins several months after the first period begins. Occasionally, ovulation happens before the first period. About 30,000 eggs are present in the ovaries from birth. When a girl reaches puberty one egg matures each month and bursts through the wall of the ovary. It enters the Fallopian tube and travels to the uterus. If sperm are present when an egg is in the tube, one sperm may enter the egg and fertilize it. It then takes 3 days for the fertilized egg to travel into the uterus. There it attaches itself to the lining of the uterus where it is nourished and develops into a baby.
- A woman is most likely to get pregnant about 14 days *before* the beginning of her next period. Here's why:

The menstrual cycle is measured from the beginning of one period to the beginning of the next.

Period begins	Period ends	Ovulation	Period begins
day 1	day 6	day 14	day 28

before ovulation after ovulation

Most women have a menstrual cycle that is about 28 days long. The cycle is divided into two parts - before ovulation and after ovulation. An egg is released from the ovary 14 days before *the end of the cycle*, that is, 14 days before the next period begins.

If a woman's period is 28 days long, the two parts - before ovulation and after ovulation - are equal. But not all women have 28 day cycles all the time. Some are longer; some are shorter. When this is the case, it is usually because stress or illness has changed the length of the first part of the cycle. The last part of the cycle is always the same - 14 days from ovulation to the beginning of the next period. That's why, no matter how long or short a cycle is, it's safe to say that a woman is most likely to get pregnant 14 days before the beginning of her next period.

Although not common, it is possible for a woman to get pregnant while she is still having some menstrual flow. Sperm can live up to 5 days in the vagina. If a woman has sex at the end of a long flow and ovulation occurs soon afterwards, a hardy sperm could fertilize the ovum!

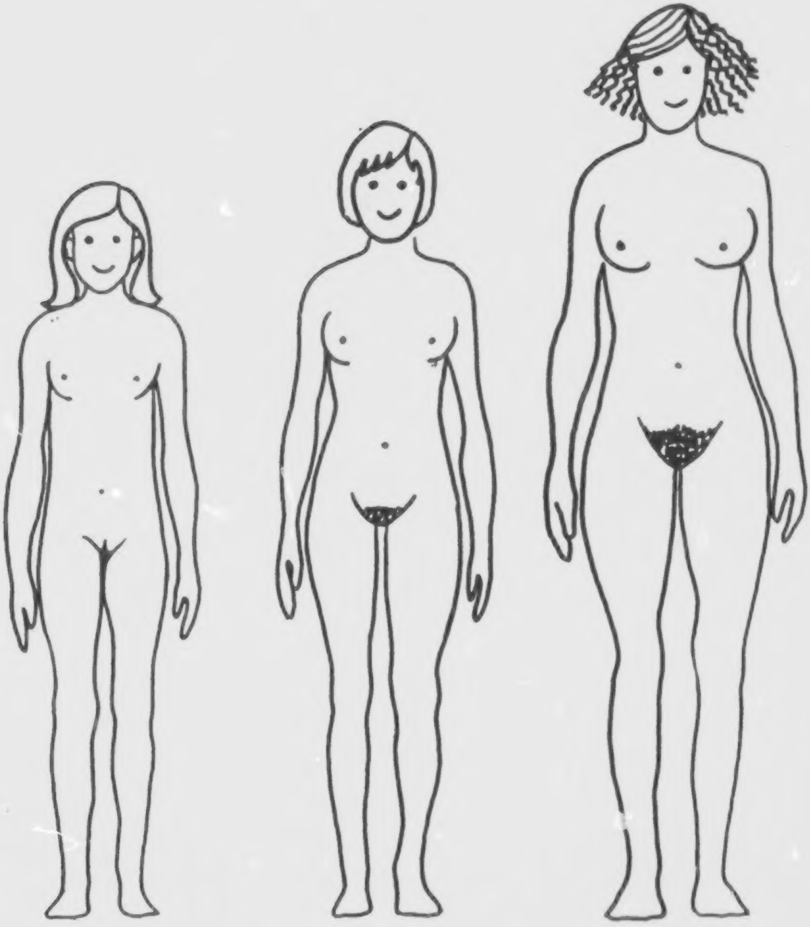
It is also possible for sperm that are ejaculated near the entrance to the vagina to swim into the vagina and cause pregnancy.

- The clitoris in women is a major source of sexual pleasure. It is much more sensitive than the vagina, which has few nerve endings. In fact, the clitoris is the only part of the body whose only function is to give pleasure! About 70% of women do not have orgasm just with penis in vagina intercourse. They can reach orgasm if they or their partners rub around the clitoris either during, before, or after intercourse.

- People have sexual desire all through their lives. As men age, they may take longer to reach an erection, and they may not feel the need to experience orgasm with every intercourse. As women age, vaginal lubrication may lessen and the vaginal walls may get thinner. However, sexual pleasuring of all kinds is still important.

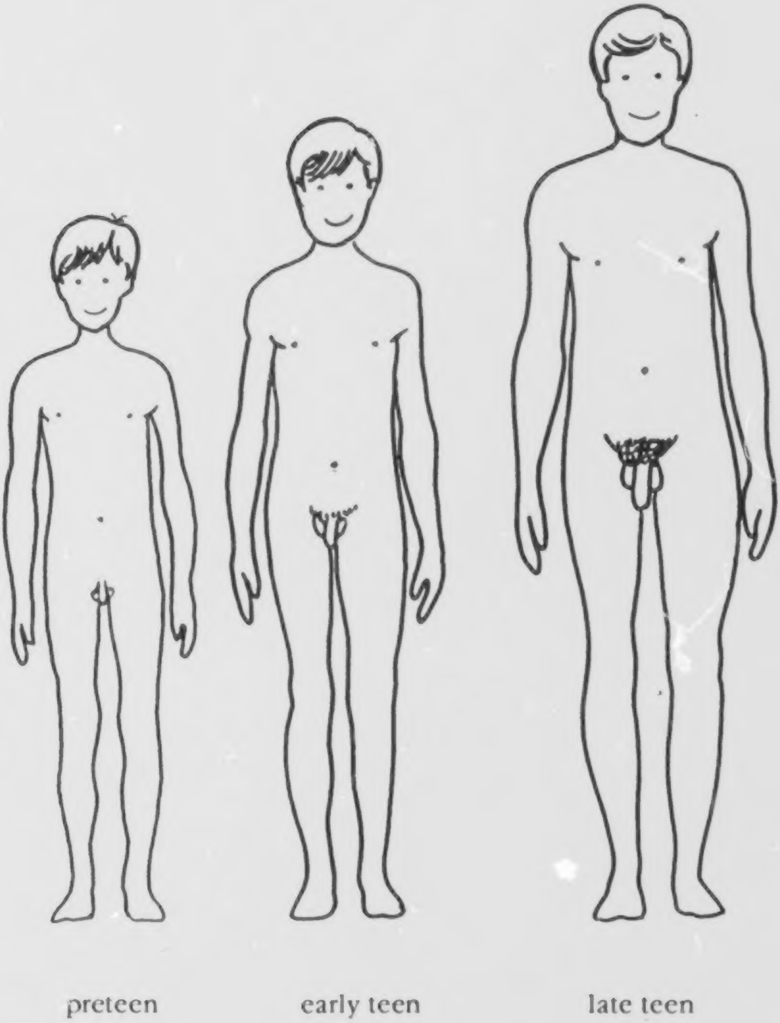
- Masturbation by marriage partners is perfectly normal.

HOW GIRLS DEVELOP



preteen early teen late teen

HOW BOYS DEVELOP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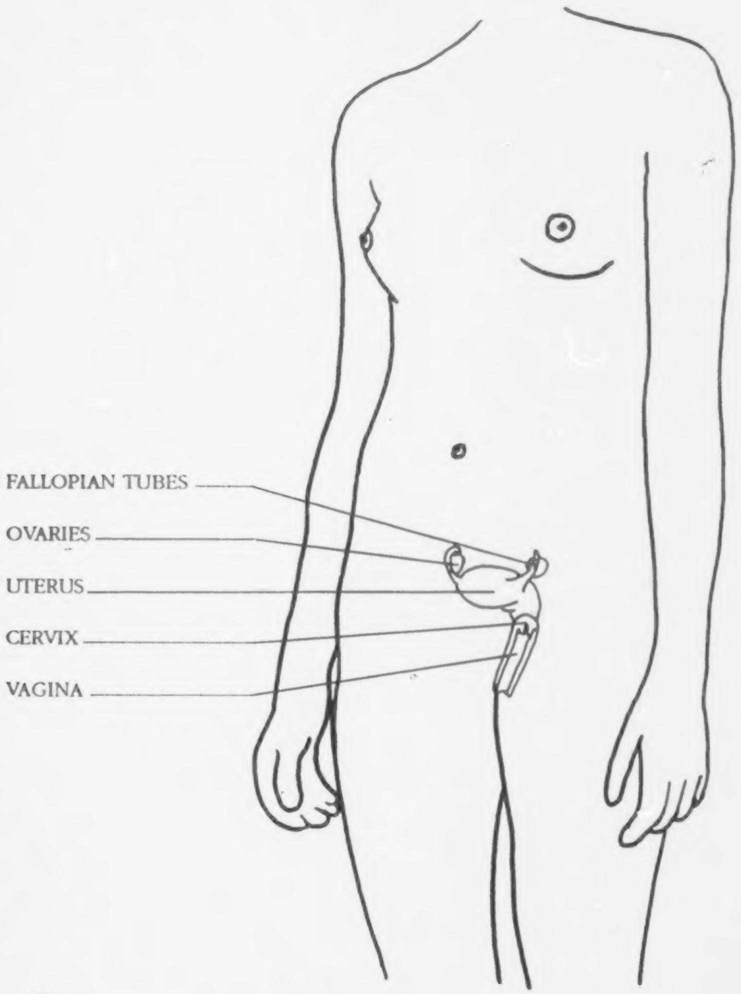
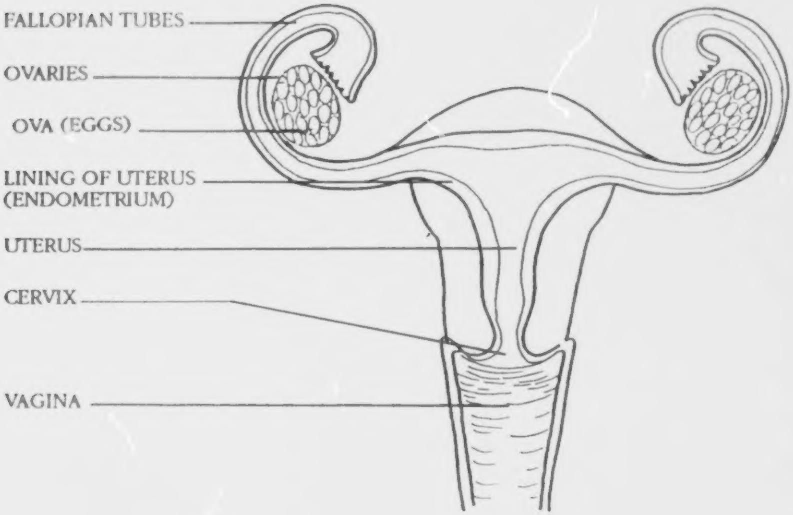
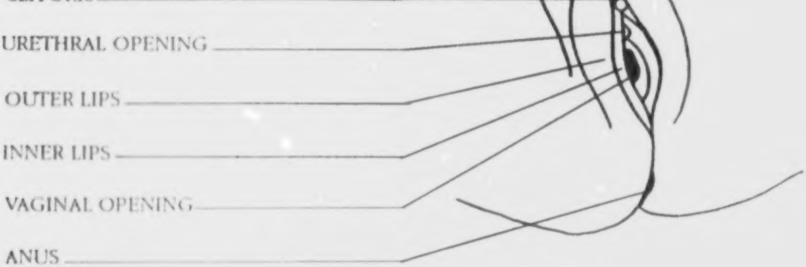
FEMALE REPRODUCTIVE SYSTEM

The position of a woman's reproductive organs inside the body


FALLOPIAN TUBES
OVARIES
UTERUS
CERVIX
VAGINA

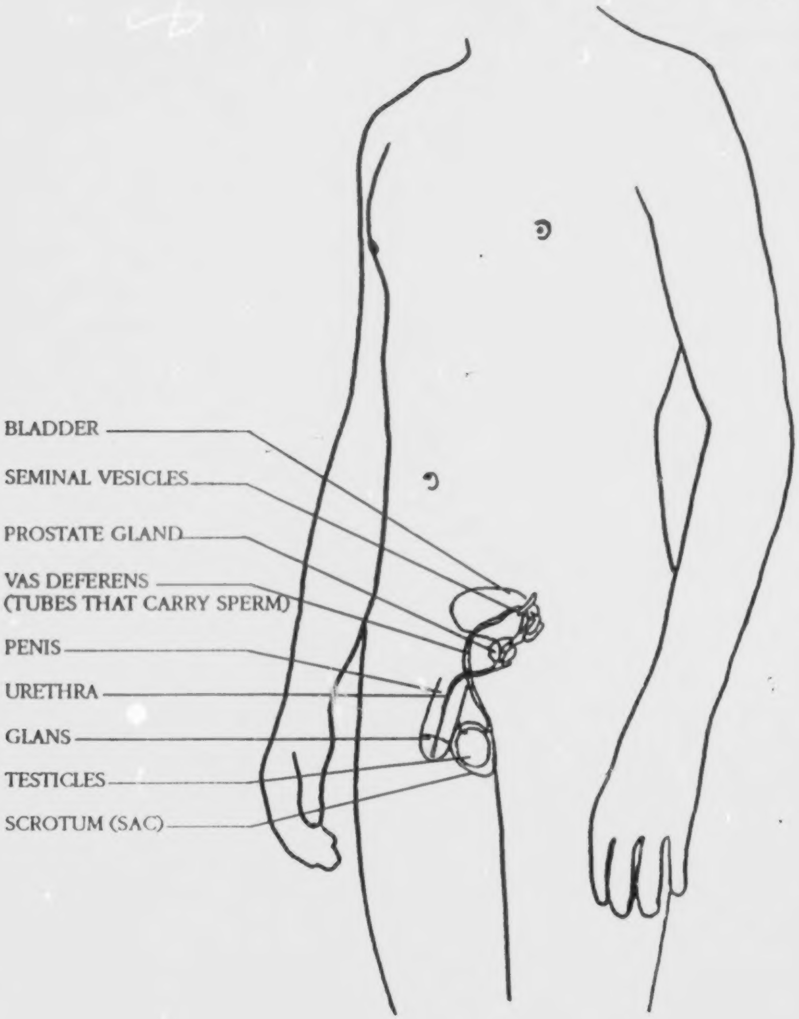
FEMALE REPRODUCTIVE SYSTEM IN DETAIL


FALLOPIAN TUBES
OVARIES
OVA (EGGS)
LINING OF UTERUS (ENDOMETRIUM)
UTERUS
CERVIX
VAGINA

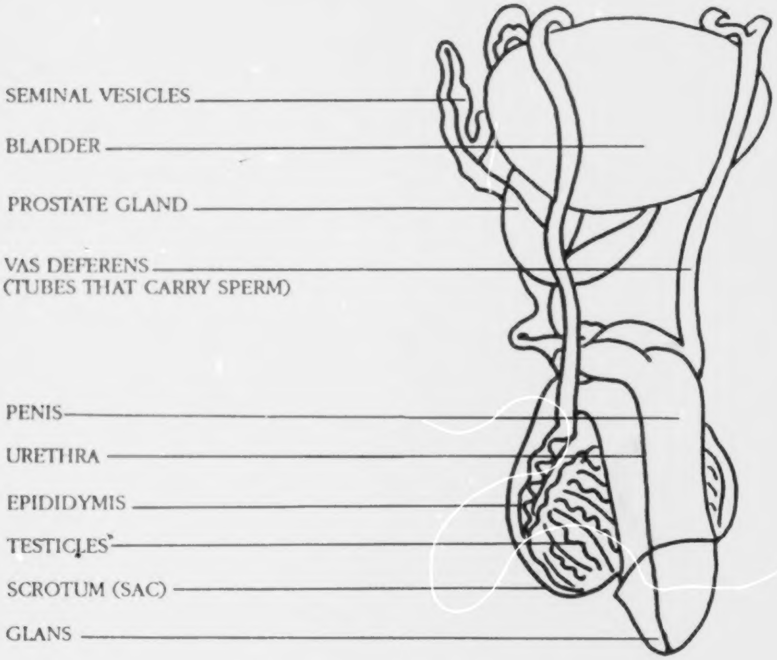

PUBIC HAIR
CLITORIS
URETHRAL OPENING
OUTER LIPS
INNER LIPS
VAGINAL OPENING
ANUS

MALE REPRODUCTIVE SYSTEM

The position of a man's reproductive organs inside the body


BLADDER
SEMINAL VESICLES
PROSTATE GLAND
VAS DEFERENS
(TUBES THAT CARRY SPERM)
PENIS
URETHRA
GLANS
TESTICLES
SCROTUM (SAC)

MALE REPRODUCTIVE SYSTEM IN DETAIL


SEMINAL VESICLES
BLADDER
PROSTATE GLAND
VAS DEFERENS (TUBES THAT CARRY SPERM)
PENIS
URETHRA
EPIDIDYMIS
TESTICLES
SCROTUM (SAC)
GLANS

PART 3: HANDLING DIFFICULT PROBLEMS

So you're three quarters of the way through this book. You recognize your child or yourself in some of the parent stories. You can identify with the dilemma of how much to supervise, how much to let go and when. One or two of the parent stories have given you some good ideas about helping your child learn how to get along with others and make friends. The tips for helping public behaviour become private are things you've tried already and they work.

So far, so good. The ideas we have discussed can help kids feel confident about themselves. They are good preventive education.

Sometimes, despite our best efforts, our kids slip-up. How natural. Then we need to do a little detective work to sort out what might be going on. We should remember that no problem belongs completely to the child, his family, the school, or the workplace. We all influence one another in complex ways. Sometimes it is necessary to take a look at circumstances that might be contributing to the problem.

We need to remember something else. When a young person misbehaves in a sexual way, we tend to get far more upset than if the behaviour is non-sexual. It is important to look at sexual behaviours in the same way we look at others. If we can do so, then we'll be less emotional and more matter-of-fact in the way we handle them.

Let's have a look at situations some parents have encountered.

Situation 1.
In Tim's case, it was the stress of a new situation at school that was at the root of the problem.

Jean and Tim

> *When our son first moved from a segregated class to a regular classroom, he found the newness of the situation pretty stressful at first. To cope, he tried all sorts of behaviour to get attention. In his old class, his strategies worked. He got lots of attention from other kids and from the teacher. Well, one day he was caught "mooning" on the schoolyard. It caused a stir, naturally, from some of the kids. But, it was so well handled by the teacher.*
>
> *In that school, the consequence for such behaviour was to be marched down to the principal's office for discipline. They had him wait outside the office for a few minutes, just*

enough time to contemplate his "sin". The principal told him very seriously that if he tried "mooning" again, he would have to stay home from school for a day. Tim loved school. He never "mooned" again! What pleased me so much was that they handled the behaviour at school. They didn't call me and ask me to deal with it at home. It had happened at school; it was dealt with at school. So I did not feel blamed for the problem. And once Tim got used to the regular class and the new rules we had no more incidents.

Situation 2.
Sometimes a behaviour needs teacher and parents to work on it together.

Jim and David

When David was 16, we started getting reports from school that he was touching the breasts of girls in his class. There was one girl he liked quite a bit and they used to find any cubby hole they could to do some pretty heavy necking. Reprimands didn't accomplish a thing. So we got some help to see what could be done. The first thing we realized was that David was growing up and we were not recognizing that fact. With the cooperation of the girl's parents, we arranged for them to be together after school or in the evening whenever we could. Since they were in special education, they lived some distance from one another so getting them together was no easy task. We helped them learn to do things together at our place. We also allowed them a little privacy.

Whenever he touched a girl's breasts, he was stopped firmly and separated from the girl. But what really helped at school though was that the teacher gave him specific praise whenever he was simply talking to a girl or they were doing some activity together. He was complimented on how well he got along with them.

We also started giving him "permission" and "information" about masturbation. I'm afraid that was one issue we had to work on. My wife and I did not agree about whether masturbation was okay and I guess we gave him conflicting messages about it. One of us had been telling him it was okay; the other that it was bad. That must have confused him. We soon realized that letting him know it was okay in

> *private might help him deal with his feelings a little better. All this seems to be working. No more incidents at school.*

Situation 3.
Sometimes there are many factors involved.

Sometimes, parents (understandably) concentrate so much on the handicap that they don't get their children to assume responsibility for their own actions. Youngsters often don't have firm, consistent limits on their behaviour. We all know kids who are masters of the art of playing Ms. or Mr. Helpless. "After all I have a mental handicap so I'm not responsible for what I do." This is partly what happened in Sally's case.

June and Sally

> *We kept getting calls from school about Sally's behaviour. Her favourite pastime, it seemed, was grabbing the crotches of male teachers and classmates. We tried telling her it was "private" touching and inappropriate. We tried taking away privileges when it happened. The school tried time-out. Nothing worked. We finally went for family counseling. We soon discovered that every time Sally acted up in the counseling room, we laughed at her, gave her lots of attention. We had been doing the same at home. She is 15, but we were still letting her climb on our laps. In fact, we tolerated some pretty childish behaviour. At least, sometimes we did. When we got frustrated, we'd come down hard on her. So she didn't know what to expect because we were not consistent with her. Also we did not expect her to do anything for herself or to help with chores around the house.*
>
> *We needed to change what we were doing. We began to expect more of her, like dressing herself in the morning, setting the table, helping with dishes. When visitors came, we expected and praised appropriate social behaviour. And every time she cooperated, she got lots of praise. Things got worse before they got better but after a while she realized she could not get away with 3 year old behaviour. Once we expected her to grow up, the problem at school stopped.*

There were other issues that may have played a part in Sally's behaviour. Since her birth, she had naturally been the focus of her parents' concern. As happens so often, the marriage had taken a back seat. This is perfectly understandable. The couple had no outside support from family to ease the task of Sally's care. They knew the marriage was in trouble but could not see a way to get back on track with one another. Instead of dealing with their anxiety about the relationship with one another, they joined forces to deal with Sally, whose behaviour kept demanding their attention. Sally was unconsciously drawn into their relationship to reduce the tension between June and Peter. Family therapists call this common situation a ***triangle***.

Triangles operate all the time in all human relationships. The pattern is a natural state of affairs. We are not usually aware of what is going on. What happens is this. Let's say that two people, Tom and Joe, are having an argument. The air between them gets tense. Along comes Bill. The pair stop their argument to welcome Bill. They start talking to him. The tension between Tom and Joe gets less. Further, since Bill is well known to both Tom and Joe, each get him to act as "messenger" between them. Each also tries to get him to see their side of the argument. Instead of dealing with their dispute directly, they get Bill in the middle. Does this sound familiar? It should, since it is a common pattern. It doesn't cause problems unless the pattern never changes. If Bill had been part of the dispute between Joe and Tom for a long time, Bill would have become very anxious and tense himself.

This is what happened between June and Peter. They were anxious in their own relationship. Their only way of coping with the tension was to focus on Sally. This happened over and over. Of course, they didn't know what was happening. Triangles operate unconsciously. Sally cooperated beautifully to keep her parents from dealing with their problems with each other. She acted up more and more. She was, in fact, doing her best to solve a problem for the family! She was very creative in her choice of behaviour. Grabbing the crotches of men is bound to cause a stir! But the fact that the behaviour had sexual overtones is not the issue. Sally could just as easily have picked breaking windows or stealing.

We cannot say that Sally's handicap alone caused June and Peter to have problems. Nor can we say that Sally's behaviour was caused by the difficulties between June and Peter. Who caused what is not the issue. Rather, this family got stuck in a pattern of relating to one another that wasn't working very well. It was like a vicious circle.

The tricky part is to get unstuck. June and Peter, with the help of the counsellor, slowly began to discuss their difficulties directly with each other. When they began to deal with each other about issues that concerned only the two of them, Sally's behaviour began to improve.

As June has described, they also began to work together to set limits on Sally's behaviour. June herself said, "We may have unconsciously been keeping her a child to avoid facing our own problems." Detective work was necessary to get to the root of this problem. Certainly, it was helpful and important to give Sally some sex education. But that alone would not have helped much.

We must emphasize that ***no one is to blame*** when a pattern like this develops. It is natural enough that when a family has a child with any kind of problem, including a mental handicap, the child will need a lot of attention. And if family and community supports are inadequate, as is often the case, there is no one to share the load. We also stress that this pattern operates in any family, not just in those where there is a child with a disability.

We go back to what we said in Chapter 1. Get help from a support group. This is important. ***However, the most important thing to do is to check in with one another often.*** Keep asking each other, how are we doing, just we two?

Situation 4.
It's tough when you're the only parent.

If you have had to raise your child alone from the time she was very small, you may have found yourself devoting all your energies to caring for her. You may have neglected your own adult life. Sometimes, you are so close to your child that you feel you are responsible for all her thoughts and feelings, for her very being. Here's a test. Do you feel cruelly wounded if your child is teased? Do you feel extremely hurt and embarrassed if she acts up ? If the answer is yes, you may be doing all your child's "feeling" work for her. If you are this involved with your child's feelings, it's hard to be clear and consistent about what behaviour you expect. You may yell at her for not cleaning up her room for instance and then do all the work yourself because you feel bad for yelling at her! (By the way, messy rooms and teenagers go together. This is the commonest complaint from mothers of teens. And it may not be worth a hassle. They'll clean up when they can't find their favourite things!)

Sometime during adolescence, your child is going to want some emotional distance from you. This is normal teenage development. However, you may be having trouble giving her some emotional "space". Or, as June discovered, you may be having difficulty expecting more responsibility from your youngster. We know many single mothers who feel their child's growing need for some separation as a real sense of loss. This child has been their whole life and now they realize they need to be a little less involved.

A funny thing happens if a child with disabilities has been our whole life and we have devoted ourselves completely to him. He doesn't thank us. He wants to develop his own identity and leave you behind. He may be letting you know with obnoxious, disruptive, or embarrassing behaviour. It doesn't seem fair, does it? Here is something to reassure you. If your formerly reasonable 12 year old has turned into a defiant 14 or 15 year old stranger, this is positive. He's developing the way he is supposed to. If your child's behaviour is causing a problem for him or for others and if the ideas for changing inappropriate behaviour discussed in this book don't seem to be working, get help from a counsellor who can help you deal with your specific situation. And start making some time for a social life of your own!

Situation 5.
Some behaviour needs a lot of detective work.

There is perhaps no problem that causes more concern than a young person getting arrested for public exposure or for sexually molesting a child. Often, lack of information about what is appropriate is part of the problem. People with mental handicaps do not expose themselves or molest children any more than do others. However, they are more likely to be caught. Because they may not know that what they have done is wrong, they may stay at "the scene of the crime," and not run off. They are also quite likely to admit to what they have done.

The behaviour may be sexual but it is often a symptom of stress in the person's life. It is not, as many parents think, a sign that their son is a sexual "pervert." It is important to get good professional help. For instance, a family therapist may be able to help unravel the issues that could be contributing to the problem. It can be a relief to discover what's at the bottom of the problem and then make the changes that will solve it. Sometimes the issue is loneliness, a need for friends. Sometimes, families need to make changes that will help their son grow up.

Of course, information about sexual feelings and appropriate behaviour is very important too. The young man must be told that showing "private parts" in public can result in arrest. Being overly friendly to small children is suspect too, so it is wise to caution young men not to play with children. Such play can be misinterpreted.

When we interview young men who have molested a child, we discover that they are often not aware that the child did not like the behaviour. They may think that simply because they wanted to do it, the child would also. They don't understand yet that someone else's feelings may be quite different from theirs. As one teenager said, "I do because I like. I like and she like too." They need to be taught that such behaviour is scary and that the child did not want it.

Remember: Teenagers and adults need to know that even if the child seemed to like being touched, sexual touching of a child is *always* wrong.

If a young man has been arrested for actually fondling a child, contact a counselling centre to help you . When counselling and supervision can be guaranteed, courts will take this into consideration, especially if it is a first offence. Often, the arrest is so scary to the man that it helps prevent a second offence. Being constantly supervised while counselling is going on isn't much fun either!

We seem to be ending this chapter on rather a sober note. However, it is important to talk about these issues for one very important reason. Parents need to know that if something like this happens, it need not be the end of the world. And they need to know that they are not alone. Others have had such experiences and with assistance, the problem has been resolved.

WHAT SEXUAL INFORMATION CHILDREN SHOULD KNOW AT DIFFERENT AGES AND STAGES*

THE EARLY YEARS 3-9
- Differences between girls and boys
- Public and private places, parts of your body
- How babies are born

PUBERTY 9-15
- Menstruation
- Wet dreams
- Other body changes
- Ways to recognize and say no to inappropriate sexual touching by others
- How babies are made
- Sexual feelings
- Masturbation

OLDER TEENS 16 AND UP
- How relationships grow
- How sexual feelings happen and how they can be handled
- Homosexuality
- Difference between love and sex
- Laws and consequences of inappropriate sexual touching of others
- How pregnancy can be prevented - methods of birth control
- Sexually transmitted diseases
- Responsibilities of marriage, parenting

**Adapt to suit needs and understanding of your child.*

PRINCIPLES FOR GIVING SEXUAL INFORMATION

- Take advantage of teaching opportunities.
- Use books and pictures. Ask questions first and then fill in what they don't know.
- Let them know their bodies and feelings are normal and good.
- Repeat information often.
- Use correct words for body parts.

MENSTRUATION: HOW TO START AND WHAT TO SAY
- Start with basics: how to care for yourself, how to behave in public
- What happens inside the body
- What feelings to expect
- Relationship to making babies

WET DREAMS: HOW TO START AND WHAT TO SAY
- What happens in the body
- What feelings to expect
- How to clean up

GIVING INFORMATION IN WAYS THAT BOOST SELF-ESTEEM

PIE
Permission and Information with Empathy
All boys have wet dreams. It's normal and part of being a boy.
All girls have periods. It's normal and part of being a girl.

PLISSIT
Permission — Limited Information — Simple Suggestion — Intensive Therapy

PERMISSION
Most boys have wet dreams. It's normal and part of being a boy.

LIMITED INFORMATION
At night, when you're asleep, your penis may get hard and some sticky white stuff comes out the end of your penis. It means you are growing up.

SIMPLE SUGGESTION
What is the thing to do? Wipe up with some tissue. (Show child if necessary.)

INTENSIVE THERAPY
If you feel you need this, get professional help.

Decisions

MARRIAGE? PARENTHOOD? SEX WITHOUT MARRIAGE? BIRTH CONTROL?

> *I love her and I think she loves me. And I need her. It's a feeling way inside. I can't put it into words.*
>
> —— Kevin

> *They had talked often of getting married but we really didn't take them seriously. We got the surprise of our lives 3 years ago at Christmas when Heather, with sheer delight on her face, showed us the diamond that Tim had bought her. They announced that they were going to get married in August.*
>
> —— Dorothy and Jack

Growing up sexually really involves a series of decisions. When we are young, we need to figure out the "who to hug" question and what we can talk about to whom. We also need to decide what's okay in public and in private. We need to know that it is okay to touch our own private parts in a private place but not a good idea to touch the private parts of someone else. The other person may not want that to happen.

As teens we need to continue to learn as we cope with a new body and feelings. We need to learn how to make friends with both boys and girls, what they talk about with one another, what they do together. If we become interested sexually in someone, we also struggle with the decision about how close to get. Is it okay to touch the private parts of a special boy or girlfriend? Is it okay to have sexual intercourse?

By the time a child reaches adulthood, it may be necessary to review the guidelines for sexual conduct that are appropriate for teenagers.

All of us need to be close to someone. We can't live without hugs and touch. This doesn't mean that every one is interested in sex. Not all close friendships, even those where hugging and touching occur, include a desire for sexual intercourse. Some adults will never show sexual interest in another person. But when we promote social development, sexual interest is bound to happen for most people. Given the chance to make friends and some guidance in the art of friendship as they are growing up, most people are capable of loving, caring relationships with others. This is also true for some who cannot tell us in words how they feel and for a few whose ability to care for their own needs is quite limited.

This chapter tells the stories of several adults. Some have decided to marry. Some have decided to have a sexual relationship without being married. All of these people need some continuing support from their parents, from community agencies or from both. It may seem like a lot of work. But as you read the stories, ask yourself where you want to put your energies? Into helping the young people develop and maintain their relationship or into keeping your adult son or daughter isolated from others, totally dependent on you? Which is preferable for them?

David

David lives on his own. A homemaker visits twice a week to help with shopping and budgeting.

> *Two years ago, I took a course in sexuality. I learned that you don't have to be afraid of the human body and of sexual feelings. Like most people, I was taught that sex was bad, that I should not know about sex or have a girlfriend. Now I know I'm a normal man.*
>
> *I never thought I could have the feelings I have now. Here I am 30 years old just learning about loving a woman and understanding the way she feels about me. I never thought I could ever have a girlfriend, because I was treated as handicapped. But I met a girl and she believed in me for what I was. We don't think about things that could interfere with our love. I love her for who she is.*
>
> *I am finding that there is a lot more to a relationship than sex. When you do things and go places and just talk with the woman you love, you get to trust one another so much more. When you hold hands and walk down the railroad*

> *tracks, you feel the love you have for each other. When you trust each other you can say what you feel without hurting each other's love.*

Roger

Can people with mental handicaps understand how relationships develop, step by step? Let's hear what Roger has to say. He lives in an apartment with another man. A homemaker visits every day and Roger sees a counsellor once a week.

> *I have a girlfriend. We were having problems so my counsellor talked to us. She said that getting close to someone else happened slowly. It was like going up the steps of a ladder. The first step is when you meet someone. You like her and you want to get to know her better. So you talk to one another. The next step on the ladder is called communication. At first, when you don't know someone well, you don't talk about real personal things. You don't know each other well enough. But if you spend time together and you get to like each other more, then you start talking about how you feel about things. So the third step is sharing feelings, things about yourself.*
>
> *Then you feel really close and the next step is love. You feel you want to be with that person, maybe for always. And you care a lot so you don't want to do anything that would hurt each other. Deciding about sex is hard. Some people have sex when they don't know each other very well. Sometimes it doesn't turn out very well. Some people wait till they're married. Well, I think it's okay if you really love someone. But you have to talk about it and try and understand how each person feels.*
>
> *I wanted to have sex with my girlfriend but she didn't. She said she was friends with another guy as well as me. I got real mad and hurt and I said I didn't want to see her anymore. Guess I got further up the ladder than she did. My counsellor helped us talk to each other, to say how we were feeling. We decided to be friends and just go slow. Boy, I nearly fell off the ladder that time!*

Anne and Keith

It is a mistake to think that those who are quite dependent on others cannot sustain a love relationship. Anne and Keith live in a developmental home. Gary tells their story.

> *Anne is a very affectionate woman. She enjoys physical contact with others in the house. Often, such contact extended to sexual touching of the men, usually in the living room. It was hard to determine whether or not the men were truly consenting. No one is verbal or very assertive. Anne did seem to prefer the company of Keith. He indicated with smiles and some touching of her that he enjoyed her company as well.*
>
> *At night, Anne sometimes joins him in his bed. When we first discovered this, we scolded her and took her back to her own bed. However, the behaviour did not stop. Moreover, the touching of the other men began to happen more often. We realized that unless we said okay to the nightly private visits, we were wasting our time saying no to the public touching. So we stopped forbidding her nightly trysts. When we saw her touching others inappropriately in the livingroom, we simply approached her, took her hand and placed it in the hand of the other person, saying "John likes to hold hands. This is how to be his friend." We don't know whether or not she understands all the words. She does certainly respond to our manner. Naturally, we made sure, as much as possible, that John liked her company! When we saw her holding hands with someone, we praised her for being appropriate with that person. We also began to model appropriate touch. When she touched our hands, or gave us a hug, we told her how good it felt to be her friend in this way. Hugs are a house "rule" in this house anyway!*

(Gary was using the principles for teaching social skills that we outlined in Chapter 4. Can you pick them out? He modelled appropriate touch. He gave specific praise when he observed the appropriate behaviour. All the staff worked hard at "catching her being good." Gary also substituted appropriate for inappropriate behaviour, changing sexual touching of genitals to holding or stroking of hands.)

> *Both sets of parents felt that Anne and Keith had a right to express their caring for one another. The benefits were very*

apparent. They seemed much happier. Anne's tantrums, which were quite disruptive, became much less frequent. There was, however, the worry about pregnancy. We do not know whether or not this couple has sexual intercourse. Obviously, we are not going to violate their privacy to find out. Both Anne and Keith are likely fertile since neither has any syndrome associated with infertility. Anne was clearly unable to make an informed decision about sterilization. She certainly cannot understand the relationship of sex to pregnancy. Nor can she appreciate what the implications of pregnancy might be for her. Keith was in the same position. So tubal ligation and vasectomy were out. The family has opted to have Anne take birth control pills. Naturally, Anne cannot consent to the pills either. So it is an ethical dilemma. However, their behaviour showed us that she and Keith were freely choosing to enjoy a relationship that probably included some type of sexual expression. It seemed important to them and we felt we had no right to forbid the contact. Not that we could anyway!

Heather and Tim

Heather and Tim have been married for two years. Heather is 28; Tim is 30. They live in a supervised apartment. A counsellor visits two or three times a week. Tim's parents and Heather's sister drop in at least once a week. Tim's parents, Jack and Dorothy and their counsellors, Allison and Leah, tell their story.

Dorothy

One day when Tim was 20, he came home from his special education class at school and announced that he wanted to leave home. We never thought he would want to. We thought it over and it didn't take us long to decide, why not? Tim had an older brother, Greg, who also had a mental handicap. Greg was 25 at the time. He didn't particularly want to leave but we couldn't see Tim being on his own. So I guess we kind of pushed him out. We decided it was time to see if they could prove themselves.

Jack

It wasn't really difficult to make the decision about leaving home. From the time the boys were diagnosed, I never really accepted that they were handicapped. They simply had a *disability. There's a difference! We treated them the same way we treated their sister and we expected the same behaviour that we did of her. We had always hoped that they would live independently. Like most parents, we worried about how they would fare when we were gone. Now their need for us is less and less. We're hoping they won't need us at all when we're no longer able to help.*

Our biggest challenge as parents has been educating the public about them. Whenever we took them visiting friends, we explained that they had learning difficulties and that their problems weren't going to stand in the way of a normal life. It really helped that we shared a similar philosophy of parenting. We always let them take risks on their own in order to learn. For instance, when they took the bus for the first time, we knew they might get lost, go the wrong way, but that eventually they would get put right.

The boys moved into their own apartment when Greg was 25 and Tim was 20. We had always taught them as much as we could about cooking, cleaning, and so on. They needed a lot of help, though. Dorothy would do some cooking and take it over to them at least once a week. And they had a homemaker come in daily to help with cooking, cleaning and with money management.

Dorothy

When they first moved out, we tested our ability to let go. We decided not to call but to wait until they called us. Our biggest concerns were: what if either one of them had a seizure? Could they manage the kitchen? What about fire? It was actually three weeks before they called us and it was just for a minor problem. None of the things we were worried about ever happened. What a journey it has been for Greg. At 12, he couldn't talk. Now he is completely independent. He has lived on his own since Tim got married. He no longer needs or wants homemaker service.

Tim and Heather had been close friends for years. They met at school. Heather lived in a supervised apartment with another girl and a counsellor. They had talked often of getting married but we really didn't take them seriously. We got the surprise of our lives 3 years ago at Christmas when Heather, with sheer delight on her face, showed us the diamond that Tim had bought her. They announced that they were going to get married in August. They were serious *indeed. I thought, well, they're together 3 nights a week already. They might as well add the other four!*

Jack

I tried to look at the situation from their perspective. I asked myself "How would I feel if I were my son?" The answer was clear. Heather's family had difficulty for some time. They had never thought of Heather as being able to get married because she had Down syndrome. It was tough for them to get used to the idea. Heather's counsellor, Allison, supported us in the decision to go ahead with the wishes of the young people.

We were worried about the issue of pregnancy. What if they had a normal child? Would they be able to care for it? Heather actually did not want a baby. She worked in a day care part time and said she found small kids "frustrating". Tim, however, thought a baby would be fun. Heather was taking birth control pills under the supervision of her counsellor. Everyone had some doubts about whether she could remember them on her own. It was a difficult dilemma. But we knew that the decision for sterilization would have to be hers, not influenced by us.

Leah

Tim's parents and apartment program counsellor asked me to help Tim and Heather get ready for the responsibilities of marriage. When I asked them what marriage meant to them, the reply was a shy "being warm and cosy.". They had no trouble understanding the concept of marriage. "We will love and take care of each other, always." They would also share responsibility for cooking and cleaning. We knew they were not completely self-sufficient. Heather had more understanding of money and budgeting than did Tim, but they would need continuing support and education about shopping wisely and so on. Through the support and counselling provided by the apartment program and the support of Tim's family, we knew they had a good chance of making a go of marriage.

But what of the emotional side of marriage? They clearly had a loving relationship and neither was given to uncontrollable outbursts of temper. A good sign. But they had little knowledge of the day-to-day realities of married life. Would they be able to settle arguments? Heather was very unassertive. Everything that Tim wanted to do was okay *with her. When I asked her how she felt about things, what made her happy, what made her sad, her only reply was "a little different." Concerning the issue of babies, we knew her family did not want her to parent. She said the same thing, but I wasn't certain whether or not this was truly her own decision. Was she giving us her own opinion or that of her family? It was clear that before we went along with the decision not to parent ever, we had to be certain she knew how to make a decision about anything! That was going to take some practice.*

Before we could practice decision-making skills, I had to help Heather enlarge her "feeling" word vocabulary. I used pictures of people expressing emotions. I asked her to tell me how the people in the picture were feeling and then asked her how she would feel in a similar situation. Gradually she was able to be more specific about her own likes and dislikes, what made her happy, sad, frustrated, annoyed, etc. Once she felt comfortable about expressing feelings, I worked with both of them on making decisions, negotiating differences of opinion. I would ask, for instance, "Suppose you want to go out for dinner? Heather, you want pizza, Tim, you want hamburgers. How do you decide? Talk to one another about it." With some prompting, they were able to come to a compromise. We worked so hard that during one session, Tim said his brain hurt. He hadn't thought, he said, that getting married would take so much thinking!

Then Allison and I were able to tackle the big decision. We were satisfied that the two could, with practical and emotional support, handle a marriage. But we knew the strain of parenting would be more than they could cope with, at least yet. Heather was taking birth control pills under the supervision of her counsellor and in time perhaps we could have relied on her to remember them on her own. But Heather kept saying she did not ever want a child. Tim, however, did, at least sometimes. At other times, he said he thought kids would be a lot of trouble. They would have to get sitters when they wanted to go out and that was expensive, he said.

Using large posters, we carefully explained tubal ligation and vasectomy. We asked all sorts of questions about what having a baby meant. Heather worked in a daycare centre *so she knew all about diapers and feedings and tantrums. She also knew what to do if a baby got sick in the night. Tim had no idea about these things. We kept stressing that a tubal ligation meant no babies ever. Tim remained uncertain. He was therefore quite unimpressed with the idea of vasectomy.*

One counselling session stands out in my mind. We wanted to be sure they were fully informed. I explained to Heather that there was a 50% chance she could have a child with Down syndrome. She looked at me blankly. I don't think she understood what I said. Then I realized something more important. Having a child with Down syndrome would be a non-issue for her. She had it and it had never cramped her style!

After thinking about it for several months, they both told us that they had decided for sure. No babies ever. I was satisfied that Heather's feelings about having a child were genuinely hers. Tim said he realized babies were a lot of care, that he did not want to push Heather into it. We realized that he still thought it would be "fun". He certainly did not understand as well as Heather did, what caring for a child really meant. Heather did have a tubal ligation.

How have things been since the marriage?

Allison
For the most part they are getting along fine. Heather works at a preschool 3 days a week so she does most of the cleaning and cooking. Tim works full time as a cleaner in a large warehouse. At first, we shopped with Heather and now she does it herself. We check to make certain that they are eating nutritious meals. I think we overdid the assertiveness training. Heather tells us that now that she is a married woman, she doesn't have to do as we say! She definitely rules the roost. Tim seems rather brow-beaten at times. For instance she takes his pay check and doles it out very sparingly. Tim never complains. We got them involved in a group on relationship-building skills and Tim began to be more assertive. But we certainly have to continue to work on the "give and take" of marriage.

Dorothy and Jack

For Tim, marriage has been a powerful motivation to take his job seriously. He says "I'm a married man. Married men work to pay the bills and look after their wives." He used to be rather easy-going about showing up on time. So this new sense of responsibility has been a change. Kevin, his brother-in-law, is a good role model for Tim. He is a married man with a job. Tim wants to be just like him. And Heather? She has really opened up. She initiates conversation now with us. I sometimes think she overdoes things. She can really order Tim around. But after 2 years, she has toned down a bit. Concerning babies, Tim says "We can't have children because Heather got her tubes tied. But Kevin says that his children are ours." He loves playing with his two nieces. They both love babysitting them. That seems to satisfy his wish to have a child of his own. He is finding that being married is enough to contend with! Certainly Heather is still quite certain the right decision was made about parenting.

We go over once a week to see how things are in the house. They do fairly well with house cleaning. Over the last two years, we have noticed that the apartment is tidier and that they are eating better meals. Tim, particularly is quite a good cook. Sometimes Heather will ask for advice. For instance, one day she called to say she wanted pizza for supper but that she only had three dollars. I suggested that she put some bologna and cheese on bread and pretend! So we don't bail them out.

We do worry about their choice of friends. Some of them come over on weekends and eat up all their food. Or they will ask Tim to buy a case of beer and then they proceed to drink all of it. I think Tim and Heather allow themselves to be taken advantage of sometimes. So there are risks to permitting independence. But the advantages, we think, far outweigh the difficulties.

DECISIONS ABOUT BIRTH CONTROL AND STERILIZATION

Heather and Tim's story highlights the issues and dilemmas about parenting and decision-making about birth control and sterilization.

In October, 1986, the Supreme Court of Canada decided the case of Eve, a young woman whose mother had asked the court for permission to have her undergo a hysterectomy. The request was originally granted by the courts in Prince Edward Island. Lawyers for Eve appealed to the Supreme Court of Canada. There the request for sterilization by hysterectomy or tubal ligation was denied. This case set a precedent in Canadian law.

What does it mean? It means that sterilization for non-medical reasons can no longer be performed on anyone without that person's informed consent. It means that requests for hysterectomy (removal of the uterus or womb) because a child cannot care for her own periods, is not permitted. It also means that no one, not a parent nor anyone else, can any longer authorize a tubal ligation or vasectomy for someone else. Only those over 19 who can make a truly informed decision will be able to have the procedure done (19 is the legal age of consent in Nova Scotia).

What is a truly informed decision? Tim and Heather's counsellors worked with them for a year and a half to make certain that they knew how to make a decision of any sort. If people don't know how to make their own decisions, then they cannot be expected to decide about something as important as parenting. Tim and Heather also needed to know what a tubal ligation was and that it meant no babies ever. They also needed to know as much as possible about the responsibilities of looking after a child. Heather's daycare experience provided her with first hand knowledge of how difficult it is to care for a child full time. That experience was the major factor in her decision.

Heather was clear about her wishes. But what if she had not been so certain? What if she had wanted a baby at some point? Then it would have been important to help her learn to take her pills without supervision, not an easy task but important. Some individuals mature a lot as they grow older and learn to handle more responsibility than anyone thought possible. So it is not okay to coerce someone into a hasty decision that will permanently end their ability to parent.

One concern that we have had since the Supreme Court Decision, is that some adults may be coerced into a quick decision before there has been time to teach decision-making skills and before everyone involved is certain that the person understands completely what sterilization means. Learning and understanding all the information takes time.

But sometimes it is hard to wait. Suppose someone is clearly not ready to parent, is likely fertile, and you know for sure that he or she is having sexual intercourse. Suppose you've tried to teach her how to take her pills but now she lives on her own and you cannot be there to make sure she has remembered every day. Suppose he can use a condom but you're not sure he remembers every time. You're worried. Then it may be hard to take the time to make absolutely certain that the man or woman understands everything they should before signing a consent form.

Some say that parenthood is a right. But there are responsibilities that must go along with that right. Most people we talk to don't think that anyone has the right to parent unless they can take care of themselves. For most, coping with the day-to-day responsibilities of a marriage is difficult enough without adding the stress of parenting. Research shows that many people can succeed at marriage but when a child is added, the stress is often too great.

Some couples may be able to handle caring for a child with lots of support from community agencies and families. We have heard of a few parents (single Moms and couples) who are managing well. We know others who have not succeeded despite lots of support. These parents have chosen to place their children in foster care or for adoption.

Of course, everything we have said also applies to many people who do not live with the label of mental handicap. This is why it is more important to consider someone's particular capabilities and emotional stability, not simply their IQ score.

What about people like Anne and Keith? The issue of birth control and parenting for those who are clearly unable to decide these issues for themselves is an ethical dilemma. It is a dilemma that is still unresolved. It used to be that parents could consent to sterilization for a son or daughter who was not able to decide that on their own. Since the Eve decision, there has been no legal way that will permit anyone to make a decision about sterilization on behalf of people who cannot decide for themselves.

It is important to protect the rights of people not to have surgery to which they cannot consent. But is it okay to prescribe birth control pills for 10 years to someone who does not understand their purpose? Pills are quite safe for most women. But tubal ligation is probably safer than taking the pills for most of one's reproductive life. Should we prevent people from engaging in loving relationships because they cannot consent to birth control? Most people would say not. For the moment, the best we can do is weigh the pros and cons and try to think about what the person would want were he or she able to tell us. These are difficult moral issues.

What can you do if your teen or adult son or daughter keeps talking of the day they will marry and have children? Perhaps you think they may develop enough skills to look after most of their own needs. So maybe they have a chance to make a go of a relationship or a marriage, but you're worried about their ability to parent. Here are some suggestions.

- Let them know that not everyone gets married and has children. Some people are happy being single. Some are happy being married without having a child. Have them talk to people who have decided to live a single life and to those who are married but choose not to become parents.

- Arrange for them to help with the care of babies and young children.
David decided for certain that he did not want to be a parent when he became an assistant cub leader!

- Give them chances to learn to make decisions as they mature. Talk to them about how babies are made, how to avoid pregnancy. Then when it comes time to make decisions about marriage or about sex without marriage or about parenting, they will have enough information to make a responsible decision.

By the way, we make the same suggestions for parents of anybody. Even for ourselves. If we had had the same kind of counselling that Heather and Tim got, our own decisions about marriage and parenting might have been thought out more thoroughly!

What About Unplanned and/or Unwanted Pregnancy?

What to do about an unplanned, unwanted pregnancy is one of the most agonizing decisions a woman will make. If you are the parent of a girl or woman who is pregnant, get a qualified counsellor or physician to help her decide what to do. You're going to need someone to talk to as well. It's pretty tough to expect yourself to be objective enough to do all the counselling on your own. You can advise and persuade but ultimately the final decision is the woman's.

In order to make such a difficult decision, a pregnant woman needs to know what the options are. Does she want to end the pregnancy? Does she want to continue the pregnancy and give up the child for adoption? Does she want to keep the child? Let's have a brief look at each option.

Abortion

In January, 1987, the Supreme Court of Canada erased the laws governing abortion.* This means that the decision about abortion now rests solely with the woman and her doctor. A woman does not have to get the consent of a hospital committee.

Deciding whether or not to end a pregnancy is never easy. Few people opt for abortion lightly and few use it as a method of birth control. If a woman is incapable of giving consent and her parents or guardian feel it is in her best interests to end the pregnancy, some doctors will accept the consent of the guardian; others will not.

Medically speaking, it is safer to end a pregnancy than to carry it to term. The safest time to perform an abortion is in the first 10 weeks of pregnancy. The procedure requires only a few hours in hospital and is usually performed under local anaesthetic. So it is important to get a pregnancy test done as soon as possible after pregnancy is suspected because the decision has to be made within a few weeks. For later pregnancies, the procedure is much more difficult and emotionally traumatic for the woman.

*At this writing, new abortion legislation is being debated in Parliament.

Adoption

If a woman is considering this choice, you can get in touch with your Family and Children's Services Agency. A social worker can help her with this decision. When the baby is born, it is placed in voluntary care until the mother signs the consent for adoption. She cannot sign until 17 days after the birth. The consent is signed at Family Court. If she changes her mind, she can revoke the signed consent the next day, before the adopting parents sign the adoption papers. If she is unsure what to do after the baby is born, she has 3 months to make up her mind. During that time, the child will stay in foster care. Jackie decided to place her baby for adoption. When she became pregnant, the baby's father did not want to help her and broke off their relationship. Jackie did not feel she could raise a child on her own. She says that giving her son up was very difficult. She thinks about him a lot and feels very sad, wondering what he is like and how he is. But she feels she made the right decision for both of them.

Keeping the Child

Many young women decide to keep their babies. Our experience is that agencies involved with these young women, such as residential services and Family and Children's Services agencies, give them every chance to parent. Amy is one such young woman. She did not want to end her pregnancy. To her that was killing a new life. She did not want to place her baby for adoption. "I would always be wondering about him. I could not stand not having him with me." After the baby's birth, she lived with a caring family. They and the agency that supported Amy taught her parenting skills and gave her much emotional support. When her son was two, Amy found it increasingly difficult to care for an active toddler as well as do the things she wanted to do. So she decided to place him for adoption.

Karen also decided to keep her baby. She lives with her mother and her boyfriend. Her mother cares for the baby during the day while Karen works. This is working out well, says Karen. She enjoys caring for her daughter. In fact, she and her boyfriend hope to move into a place of their own soon. A homemaker will give them whatever help they will need as they learn to parent their child on their own.

Three young women; three different choices.

BIRTH CONTROL METHODS

"What sometimes happens when a man and a woman have sex?"

"The sperm goes up into the womb and meets the egg in the fallopian tube!"

"Right and then what happens?"

"They kiss and hug!" (laughter)

——from a group discussion with adults in a group home

Most of us would agree that it is much better to prevent an unintended pregnancy than to have to cope with the very difficult problems that such a pregnancy brings.

The following is a brief discussion about the most common birth control methods. If you are trying to help a son or daughter decide on a suitable method, we suggest you contact your local

Planned Parenthood or Public Health Department and your family physician. They can give you more detailed information. For each method, we will go over how it works, how effective it is, what the benefits and risks are and how to use it.

Before we start, it is important to know that although most people are fertile, including those with severe handicaps, individuals with certain syndromes like Turner's or Kleinfelter's are sterile. Men with Down syndrome are probably not fertile. Some women with Down syndrome have had children, though. If you are not certain about your child's fertility, check with a genetic counsellor.

For most women with mental handicaps, the easiest methods to use are the pill and the I.U.D. because they don't require the woman to plan ahead for sex. However, women should still have a chance to learn about all the ways to prevent pregnancy and they should, as much as they are able, share in the decision about which one to use.

The Pill

How does it work?

The most common type of pill, the "combination pill," contains synthetic estrogen and progesterone, the two female hormones which are produced in the ovaries. These hormones are responsible for ovulation and for building up the lining of the womb in preparation for a pregnancy. In order to perform their tasks, they are produced in different quantities at different times during the month.

When a woman takes the pill, it changes the levels of the two hormones so that ovulation stops. This means that a ripe egg cell is not released from the ovary into the fallopian tube. So if sperm are present in the fallopian tube, there is no egg cell there to fertilize. Estrogen stops ovulation. Progesterone makes the mucus in the cervix (neck of the womb) very thick so the sperm cannot get through. There are some pills that have only progesterone in them. They are slightly less (97-98%) effective than the combination pills. Women who experience unacceptable side effects from estrogen can take these "mini-pills".

What are the benefits?

If a pill is taken at about the same time every day, pregnancy is prevented almost 100% of the time. The pill is good for women who cannot use,or do not like, methods that have to be used right before intercourse. It also reduces menstrual cramps and the amount of blood lost each month. So sometimes it is prescribed just for that reason. Some women find that it also lessens premenstrual tension. The pill may also help prevent a woman from getting a severe pelvic infection (in the tubes and womb). It may also help prevent ovarian cancer and cancer of the lining of the womb.

What are the risks?

The pill has some minor side effects and some major ones. Some of the minor side effects are:

- Spotting or "breakthrough bleeding" can happen between periods. If spotting happens in the first half of the menstrual cycle, it means there is not enough estrogen in the bloodstream. If it happens during the last half of the cycle, it means there is not enough progesterone. The spotting usually stops after about three months.
- Some women get acne and some facial hair.
- Others have some water retention (bloating) which can cause nausea, leg cramps, headaches, or breast tenderness.

If these problems continue after three months, the pill can be changed to one that has a different dosage of the hormones in it. There are some women who should not use the pill:

- Women who have a history of blood clots in the legs, or heart disease. This is because the pill has caused blood clots and is thought to have contributed to strokes in some women.
- Women who have migraine headaches, high blood pressure, have a strong family history of diabetes or are over 35.
- Women who smoke, especially those over 35, should stop smoking before they go on the pill. Smoking increases the risk of heart attack and stroke.
- Some antibiotics and other drugs may make the pill less effective. You should keep a list of all the medications your daughter is taking so you can tell your doctor.
- Women who have epilepsy can start the pill but they should be watched very carefully to see that their condition does not get worse.
- Women who have a history of breast cancer. Some studies released in 1989 showed a possible link between breast cancer and long-term use of the pill. Over the years there have been other such studies but a link has never actually been proven. However, women whose families have a history of breast cancer may need to be more cautious about taking the pill.

The pill has been used for about 25 years. It is important to note that millions and millions of women have used it safely. And it is far safer than carrying a pregnancy to term.

How do you take it?
A woman who goes on the pill must have a complete physical examination first. This includes a breast examination, PAP smear (to detect cancer of the cervix) and tests for sexually transmitted diseases.

1. During the first month of pill-taking, a woman should use foam or her partner snould use a condom. Or she should not have sex. She is not safe from pregnancy during the first month.

2. She should start the pills in the way that she has been told to by the doctor or clinic. The easiest type to take is the pack that has 28 pills in it, so that one is taken every day. Depending on the type of pill, a woman may take her first one on either the first day of her period, the fifth day of her period, the first Sunday after her period begins, or the day she gets her first pack if she is certain she is not pregnant. Be sure the doctor gives you full instructions about the routine for the pill you are getting.

3. She should take a pill at the same time every day. An easy way to remember this is to take it at the same time as she does something else, such as eating breakfast. She could bring her pill pack to the breakfast table every morning.

4. If she misses a pill, she should take it as soon as she remembers and take another pill at the regular time. If she misses two pills, she should take two as soon as she remembers and two the next day. Then condom and foam should be used the rest of the month. If 3 pills are missed then you need to ask if the pill is a good method! If a woman is taking the mini-pill, it is very important not to miss even one, because there is a good chance a pregnancy will occur.

Depo-provera
This is a progesterone that is injected. Like the pill, it stops ovulation from occurring. It has been approved for use in over 90 countries. Each injection provides protection against pregnancy for three months and is almost 100% effective. Although this makes it desirable for women who cannot use other methods, it is not approved for use in the U.S. It is not exactly illegal in Canada, but its use as a contraceptive has been strongly discouraged by C.A.C.L. for two reasons. Because there are concerns that it may make a woman sterile. (Studies show that ovulation will begin again between 12 and 24 months for 90% of users who decide to stop the injections

and because in research on beagle dogs, it has also been associated with the development of breast tumors.)

Some people are also concerned that because it is so easy to use, people might not bother to get proper consent. Many women stop periods altogether or have only very light ones while they are taking the injections. Some institutions have reportedly used it to stop women from menstruating, thus eliminating the work of caring for the woman's menses. This use is obviously not okay.

Many experts consider that the advantages of depo-provera for some women far outweigh the disadvantages and that it should be available. The debate is still going on.

The I.U.D.

This is a small plastic device that a doctor inserts right into the uterus. There are many different kinds but the most common ones used now are the Copper-T and one that has some progesterone added to it called Progestasert. Both are shaped like a T. The copper-T has a coil of copper wrapped around it. Attached to the bottom of the T are two strings that stick a little ways out of the cervix into the vagina.

The I.U.D. is not used as often as it once was. This is mostly because there has been a lot of publicity about the Dalkon Shield, a type of I.U.D. that caused a lot of pelvic infections. The company that produced it withdrew it from use. Other companies stopped manufacturing their I.U.D's too, even though other types did not have the same problem with infections.

How does it work?

No one really knows for sure but there are several theories. The I.U.D. may change the lining of the womb so that the fertilized egg cannot attach itself. It may cause a sort of inflammation. When this happens, white blood cells may treat the fertilized egg as a foreign body and destroy it. It may stop sperm from passing through the uterus. It could also speed up the passage of the egg through the Fallopian tube so that it is not mature enough for fertilization. The I.U.D. is about 95 to 98% effective. That is, if it is used by 100 woman for a year, between 2 and 5 of those women will get pregnant.

What are the benefits?

It can be used by women who would have difficulty using a method that requires planning just before intercourse.

What are the risks?
A woman should not use an I.U.D. if she has had a pelvic infection, several sexual partners, a bleeding disorder, or a history of ectopic pregnancy (a pregnancy in the fallopian tube). It is also not a good idea for very young girls (under 17) because the uterus may not yet be large enough. And women who cannot be taught to feel for the strings of the I.U.D. once a month should probably not use it either.

An I.U.D. usually causes heavier periods and often, increased cramping. Sometimes spotting between periods occurs. Sometimes the device is expelled by the womb, usually during the first three months.

A woman using the I.U.D. is taught to feel for the strings once a month just after her period. If she cannot feel the strings, or if she is having some unusual discharge from the vagina, she should see her doctor. About one-third of pregnancies that happen when a woman has an I.U.D. occur because the I.U.D. has been expelled unnoticed. If pregnancy occurs with an I.U.D. in place, the device should be removed. There is a chance of miscarriage when it is removed but it should be taken out anyway because there is a greater chance that a serious infection could develop.

I.U.D. users may have an increased risk of getting infections in the uterus, including sexually transmitted diseases.

There are two other complications that can happen: a tubal pregnancy may occur or the I.U.D. may become embedded in the wall of the uterus. If this happens, surgery is necessary to remove the I.U.D. Fortunately, these two problems are very rare.

How do you use it?
An I.U.D. is inserted by a doctor. The doctor squeezes it into a long plastic tube that looks like a straw. Then the plastic tube is inserted through the cervix, the I.U.D. is pushed out and into the uterus. Some cramping may occur as it is inserted. The strings will hang down a little ways into the vagina.

The doctor will show the woman how to feel for the strings. She should check for the strings once a month just after her period. If she cannot feel them or if they are hanging a long way down onto the vagina, she should be checked by the doctor to see if the I.U.D. has moved. It is also a good idea to check pads and tampons to make sure it has not slipped out. It is a good idea not to have sex for the first few days after having an I.U.D. inserted, or, if you do have sex, to use a condom. Some women also use foam or a condom around the middle of their cycle, the time when they are most likely to get pregnant.

Condom

Some men with mental handicaps can be taught to use condoms successfully.

How do they work?

Condoms are rubber sheaths that fit over the erect penis and prevent sperm from entering the vagina. The best kind are those that have a small tip at the end that helps keep the condom from breaking under the force of ejaculation. Some also have a spermicide (a chemical that kills sperm) on their outer and inner surfaces.

If it is used properly, a condom can prevent pregnancy about 98% of the time. In actual use, however, there can be as much as a 12% failure rate. Most of the failures come from forgetting to use it! Some happen if the condom breaks.

What are the benefits?

No doctor visit is required. They are also quite cheap and easily obtained in drugstores. And aside from being a good contraceptive, there is another benefit. Condoms can prevent a person who has a sexually transmitted disease, including AIDS, from infecting their partner. In fact, many doctors are recommending that people who have several sexual partners or who don't know their partner very well, to use a condom no matter what other method of birth control they use.

What are the risks?

There are none, really. However, men must follow the instructions carefully. Some men may not be reliable about using them properly. Condoms must be used right before intercourse. So couples who are not very good at thinking ahead or talking about contraception will probably not be good at using condoms.

How do you use them?

Here are some instructions for men.

> *A man must put on a condom every time he has sex. He must put it on after his penis gets hard and before he puts his penis anywhere near the woman's vagina. Hold the tip of the condom and squeeze it to get the air out. Put it over the top of your penis and then roll it on all the way to the bottom.*
>
> *Do not put any vaseline on the condom because it will break the rubber. After intercourse, hold onto the rim of the*

condom as you take your penis out of the vagina. Take your penis out right after you "come". Be careful not to spill any semen near the vagina.

Do not put condoms in your wallet or your back pocket or any other hot place. After awhile, heat will destroy the rubber and the condom could break during intercourse.

Diaphragm and Cervical Cap

The diaphragm is a rubber dome that a woman inserts into the back of her vagina. It covers the cervix. It must be fitted by a doctor. It is used with a spermicidal cream or jelly that is spread over the inside of the dome before it is inserted into the vagina.

The cervical cap is smaller and fits only over the cervix. It can be kept on for a longer period of time than the diaphragm.

What are the benefits?

The diaphragm and cap are as effective as the condom when used properly. Many women who do not like the chemical changes caused by the pill are choosing to use the diaphragm or cap and both are becoming very popular.

What are the risks?

Each must be fitted by a doctor. It requires a lot of practice for the woman to learn to put it in properly. She must also be highly motivated to use it every time. Therefore, it is not generally a method of choice for most women who have mental handicaps.

Foam

This is a spermicide that a woman inserts into her vagina with a plunger just before intercourse. Used by itself, it is not particularly effective. However, when used along with a condom, it is almost as effective as the pill in preventing pregnancy. Because it requires thought and planning, it is probably not suitable for most women with mental handicaps.

Tubal ligation

We have already talked about this in some detail. How is it actually done? The most common method is called a mini-laparotomy. Under a general anaesthetic, the surgeon makes a very small incision in the abdomen, inserts an instrument, cuts a small piece out of each fallopian tube, and ties the ends. Sometimes the ends are burned. Another way is to go through the vagina and cut off the ends of the tubes. The woman can go home the same day. She may feel a little pain for about a day and perhaps some nausea from the general anaesthetic. She is sterile as soon as the operation is completed.

With modern surgical techniques, the ends of the tubes can sometimes be joined up again. But there is no guarantee that a pregnancy would occur afterwards. So it is very important for women thinking about tubal ligation to consider that it is permanent. That means no babies or no more babies, ever.

Vasectomy

Vasectomies can be performed in doctor's offices or the outpatient department of a hospital. A local anaesthetic is injected into the scrotum. An incision is made into the scrotum. The vas (the tube that carries sperm) is cut and the ends are tied, clipped or burned. This procedure is repeated on the other side. After surgery, the man's testicles may swell and be painful for a few days.

A man is not considered sterile right away because there could be sperm in the tube above where the cuts were made. After eight weeks, the man must have a sperm count done. He ejaculates into a clean container and the semen is examined under a microscope. A man must have two sperm counts done with no sperm present before he is considered sterile.

Remember: the man will still produce semen. Semen isn't added to the sperm until the semen reaches the seminal vesicle and prostate gland (see diagram in chapter 5). So he won't notice any difference at all when he has intercourse. He will also feel like having sex just as often as before the operation. The only thing that is different is that the sperm cannot reach the end of the penis any more. It is simply absorbed into the body and causes no harm.

This discussion of birth control methods gives you some of the important facts that can help you help your son or daughter make a good choice.

Some parents wonder if they should start their daughter on pills when her periods start. This is not appropriate. It is important to remember that no birth control method is needed unless your young person is having sexual intercourse or is at risk of becoming involved. Those at risk are kids who spend a lot of unsupervised time with one another and those who would not likely keep from sexual intercourse no matter what kind of guidance they are given.

Adults who are in a relationship and want to express it sexually also need to be using birth control.

Now let's turn to some important facts about sexually transmitted diseases.

Facts About STDs

Heather said last night "I've got a rash on my chest. Maybe I've got AIDS." She's seen a lot about AIDS on TV and I don't think she understands what she hears. I told her that since she was only having sex with Tim and he with her, she couldn't get it. I think they could both use some more information so they won't be scared. What else can I tell them?

—— Dorothy

Could you get AIDS if you masturbated someone else?

Can you get AIDS from kissing someone ?

If you have "stuff" leaking from your privates, is that AIDS?

—— Questions asked during a sex education
group in a supported apartment program

It is important for young adults, especially those who are living relatively independent lives, to have as much information about sexually transmitted diseases (STDs) as they can understand. This chapter concerns those who may be in a sexual relationship or who might become sexually involved with someone. In a nutshell, this is what they need to know:

- How people get STDs.
- How to say "no" to possibly exploitative situations and risky sexual activities.
- What "safe" sex means.
- Knowing the symptoms of STDs so they can go for treatment.

Some young people who are working hard at establishing a "self" apart from the family, may appreciate talking to someone else who can reinforce what you say. Counsellors at Planned Parenthood agencies are excellent resource people. Or a sensitive and well-informed Big Sister or Brother may be helpful.

Some teens and young adults may be getting information about STDs at school. The information in this chapter can help you answer their questions and check on what they're hearing at school. It covers the basic facts about the most serious and the most common STDs. It also reviews suggestions discussed in Chapter 4 for using decision-making skills and role-play to practice avoiding risky sexual encounters.

BASIC FACTS ABOUT STDS

Acquired Immune Deficiency Syndrome (AIDS)

This one is discussed first, not because it is the most common, but because it's the most serious and it's on every one's mind.

What is it?

AIDS is caused by a virus, Human T-lymphotropic virus, type 111 (HTLV-111) or, more commonly, Human Immunodeficiency Virus (HIV). HIV infects and destroys white blood cells called T-helper cells. These cells are responsible for directing the body's fight against disease. When they are knocked out of commission, the body can be invaded by rare infections and cancers that eventually kill the person. Once a person has the virus he has it for life. The longer a person has it, the more likely his immune system will be damaged. AIDS doesn't show. You can't tell if a person has AIDS just by looking at them.

AIDS develops in the following way.

- Initial Infection

Most people have no symptoms but some get fever, fatigue and swollen glands.

- Carrier State

Most people with HIV infection fall into this category. They will have no symptoms. They will, however, have the virus in their bloodstream. This means they can pass it to others.

- AIDS Related Complex (ARC)

Some people (not necessarily everyone), experience ARC as a distinct phase. Symptoms are swollen glands, night sweats, fever, diarrhea,weight loss, fatigue, and rare infections like thrush (white spots in the mouth or around the vagina).

- AIDS and other related conditions

A person is "officially" considered to have AIDS when there is a disease present that signals a problem with the immune system. These diseases are called "opportunistic infections" and they are rare in someone who has a healthy immune system. They include a type of meningitis, a rare pneumonia, tuberculosis, and rare cancers like Kaposi's sarcoma. Sometimes the virus attacks the brain and central nervous system, causing memory loss, insanity, loss of motor control, even paralysis. People with AIDS also lose a great deal of weight.

There is no cure yet, although there are some drugs that seem to help people live longer. Because the disease is still new, we don't know yet how many people who are HIV positive, will eventually become ill.

How is it spread?

The good news about AIDS is that it isn't that easy to get. It is impossible to get it from casual contact like being sneezed on, sharing glasses with , shaking hands with, or hugging an infected person. Nor can you get it from things like toilet seats, towels, bus seats or doorknobs. Insects and animals do not spread the virus.

The virus is spread when the blood, semen or vaginal fluids of an infected person gets into the bloodstream of a person who is not infected. For the most part, infection takes place through certain sexual practices. These include, from most to least risky:

1. Anal intercourse with an infected person, especially if a condom is not used. Infected semen can easily enter the bloodstream through a small tear in the rectum. Men who have anal sex with an infected man are very much at risk. An infected man can pass the virus to a woman through anal intercourse as well.

2. Vaginal intercourse with an infected person, especially if a condom is not used. Infected semen can go through a vaginal tear. It may also pass through the tissues of the vagina and cervix. It is most common for men to pass it to women through infected semen. However a few cases have occurred where infected vaginal secretions may have passed the virus into the penis.

3. Oral sex (with ejaculation) with a man who is not using a condom, with a woman during her period or with a woman who has a vaginal infection. Contact between mouth and anus can also spread HIV but it is very rare.

AIDS is also commonly spread by intravenous drug users who share needles. A few babies have been reported to have contracted AIDS through breast milk. Although traces of the virus have been found in tears, saliva and urine, there has never been a case of AIDS that has come from these body fluids. Also, since a test was developed to detect the virus in all donated blood it is now unlikely that one would get AIDS from a transfusion

In North America AIDS showed up first in homosexual and bisexual men. But because no one thought that it might affect others, its spread into the heterosexual community, women in particular, has increased. In New York City, for instance, AIDS is the most common cause of death among young women. One reason for this is that education for society at large has lagged far behind that carried out in the homosexual community.

It is wrong, therefore to link AIDS just with homosexuality. The virus does not recognize sexual orientation, just certain sexual practices.

How is it detected?

A person who has had unprotected sex with an infected person or someone in a high risk category (a homosexual or bisexual man who has had several sexual partners, an IV drug user) should get tested. A lab test has been developed that can detect antibodies to HIV. If the first test is negative, a second test should be done 6 months later.

How can a person avoid getting it?

Here are some recommended guidelines for the general population.

The safest thing to do is not to have sexual intercourse at all unless you are having sex with only one person and that person is only having sex with you. You need to be sure that your partner has never had sex with someone who is in a high risk category. If he has, then he should be tested and be free of HIV. If you are not sure, then you should always use a condom. People who choose to have sexual intercourse (anal, vaginal, or oral) with more than one partner should always use a condom. This is somewhat risky, because condoms are not 100% safe. Sometimes people don't use them properly. Sometimes they break. If you are not absolutely sure your partner is free of infection and you want to touch one another, use only "safe" activities. Here is a list of sexual activities. They are divided into safe, possibly safe and unsafe activities.

Safe Activities
massage; hugging; kissing (dry); masturbation; mutual masturbation where semen does not get close to mouth, anus or vagina.

Possibly Safe Activities
kissing (wet, that is with mouths open); vaginal or anal intercourse with a spermicidal condom; oral sex with a man using a condom; oral sex with a woman who is not having her period or who does not have a vaginal infection.

Unsafe Activities
any sexual intercourse (anal or vaginal or oral sex) without a condom; semen in the mouth; mouth-anus contact; blood contact of any kind, including menstrual blood and sharing needles; sharing sex toys.

This is quite a list, but as the questions at the beginning of this chapter indicate, complete and correct information is pretty important. In fact, people's lives can depend on it.

Remember: The blood, semen, or vaginal fluids of someone who has AIDS has to get into your bloodstream for you to get AIDS. It can take several years before someone infected with the virus develops symptoms of the disease. People should consider that when they are having sex with someone, they are having sex with everyone else that person has had sex with for the past 10 years!

The AIDS epidemic is helping many people rethink their sexual practices. Many community based education programs are stressing that people explore other ways of enjoying a satisfying sexual relationship. A lot of people are discovering that the safest and most emotionally fulfilling kind of sex is within a loving, trusting, committed relationship with just one other person. Perhaps we'll find out that having sexual intercourse is not the most important part of a good sexual relationship anyway. Entirely too much importance has been placed on it. We need to start valuing hugging and cuddling more for their own sakes. We always think of hugs as an appetizer, sexual intercourse as the main meal. Well, a hug can be a banquet! Let's start thinking of hugs in this way. (This advice goes for married folks too. You don't always have to have intercourse to enjoy sex with one another. A little variety can improve your sex life!)

Now let's turn to other, much more common STDs.

Chlamydia

What is it?
It is caused by an organism called chlamydia trachomatis. It is also known as non-specific vaginitis in women and NGU in men and is the fastest growing STD, about twice as common as gonorrhea.

How do you get it?
It is spread through vaginal or anal intercourse.

What are the symptoms?
Chlamydia is often known as the silent disease because most people don't have symptoms. A few people have slight abdominal pain and discharge from the cervix or penis. If untreated, Chlamydia will infect the tubes (fallopian tubes in women or vas in men) and cause sterility. It can cause eye infection in infants who catch it from the mother's vagina during birth. This can lead to blindness. It can also cause an often fatal pneumonia in infants.

How is it detected?
In order to tell whether or not a woman has chlamydia, a doctor inserts a cotton swab into the vagina and takes some secretions from the cervix (mouth of the womb). In a man, a swab is inserted into the penis. The secretions are sent to a lab and grown in a culture dish.

How is it treated?
Chlamydia is treated with tetracycline.

How can you avoid getting it?
Condoms and careful washing of the genitals after intercourse can offer some protection. Of course the best prevention is not to have intercourse with someone who may be infected.

Gonorrhea

What is it?
Gonorrhea is caused by the gonococcus bacteria. It is also known as the "clap" or "drip"or "dose". Most people who get it are between the ages of 20 and 24. A lot of 15-19 year olds get it too.

How do you get it?
It is usually spread through vaginal or anal intercourse, occasionally through oral sex on a man.

What are the symptoms?
80% of women have no symptoms at all. Those who do may notice some pelvic discomfort and vaginal discharge. 90% of men notice painful urination and a yellowish discharge. If untreated, gonorrhea will cause pelvic inflammatory disease (PID). The tubes and uterus get infected and sterility will result. During birth, mothers can also pass it from the vagina to the eyes of newborn babies. Some of these babies will become blind. A lot of people who have gonorrhea have chlamydia too.

How is it detected?
In the same way as chlamydia.

How is it treated?
Gonorrhea is treated with a penicillin injection or pills.

How can you avoid getting it?
In the same ways as avoiding chlamydia.

Venereal Warts

What is it?
These are flat bumps that appear around the genitals.

How do you get it?
They are caused by the condyloma virus and can be spread just by close body contact. A pregnant woman can pass the virus from her vagina to her baby during birth.

How is it treated?
Venereal warts are usually treated by painting them with a chemical called podophyllin. Or they can be removed by laser or by cauterization (burning).

Herpes Simplex Virus Type 11

What is it?
It is a virus that is related to the virus that causes cold sores.

How do you get it?
The virus is passed by sexual intercourse through direct contact with the sores or from one part of the body to another by the hands.

What are the symptoms?
Painful, fluid-filled blisters appear around the genitals or the anus. The person may feel an achiness, and have a fever and swollen lymph glands. The symptoms will go away in a few weeks but the virus stays in the body, perhaps forever. Some people will have another episode of sores and fever when their resistance is low or if they are under emotional stress. Women infected with genital herpes have an increased risk of getting cervical cancer. It can also cause encephalitis in newborns through vaginal delivery.

How is it treated?
There is no cure for herpes. An ointment called acyclovir can ease the symptoms.

How can you avoid getting it?
People who have the herpes virus should not have sexual contact when they have symptoms. There is also a risk of passing the virus on when there are no symptoms although it doesn't seem to happen very often. Condoms give some protection against infecting a partner.

Syphilis

What is it?
Syphilis is caused by an organism called a spirochete, a small spiral-shaped bacteria that can invade the body through the tiniest crack in the skin.

How do you get it?
Syphilis is usually spread through sexual intercourse. It can also be spread by direct contact with a chancre (sore).

What are the symptoms?
Sores called chancres appear on the skin wherever the spirochete comes into contact with broken skin or mucous membrane. They usually appear on the penis, scrotum, vulva, or the cervix. If not treated, the chancres go away but the infection does not. About six weeks later, a rash appears, especially on the palms of the hands and soles of the feet and the person may have a fever. If not treated at this point, the infection slowly attacks the heart, nerves, brain or liver. As much as 20 years later, the infected person may experience insanity, heart disease, paralysis or liver disease. If it is not diagnosed in the first 2 stages, syphilis is incurable.

How is it detected?
Diagnosis is through a blood test (VDRL).

How is it treated?
Syphilis is treated with antibiotics. Blood tests must be done every 3 months for two years after the infection is cleared up.

How can you avoid getting it?
Condoms offer some protection but a chancre on the scrotum could touch the vulva and spread the disease that way.

Trichomoniasis

What is it?
This is a vaginal infection, a form of vaginitis.

How do you get it?
It is usually spread by sexual intercourse, but the organism can also live for a few hours on moist objects outside the body. So it can be caught from washcloths, towels, or underwear recently used by an infected person.

What are the symptoms?
It is characterized by a lot of foul smelling discharge. The discharge can be white, yellow or green. The vagina is often red and itchy.

How is it detected?
A specimen of vaginal secretions is grown in a laboratory culture.

How is it treated?
It is treated with pills called flagyl. The woman's sexual partner is also treated. He may have the organism but will not have any symptoms.

How can you avoid getting it?
When both partners are treated, the woman is less likely to have repeat infections.

Candidiasis (Moniliasis)

What is it?
This is a common yeast infection and is not considered an STD.

How do you get it?
Small amounts of the yeast organism or fungus are in the vagina normally. They can multiply and cause excessive, irritating and smelly discharge under certain conditions. Yeast infections are more common while a woman is on the pill, taking antibiotics, having a period or is pregnant

How is it detected?
A specimen of vaginal secretions is grown in a laboratory culture.

How is it treated?
This type of vaginitis is treated with nystatin suppositories. Home treatments like douching with a little vinegar in water or inserting a small amount of plain yogurt into the vagina often work very well.

It is important to know that some vaginal discharge is normal. The vagina is a self-cleansing organ. It has a balance of normal bacteria in it. Douching is never necessary in a healthy vagina. In fact, if a woman douches, the balance of organisms may be upset and even allow an infection to start.

What to Teach about STDs
This is an example of the approach we take in sex education classes:

> *No one has any chance of getting an STD if they are not having sex. If two people having sex together have never had sex with anyone else, they cannot get or give an STD. It is not a good idea to have sex with someone you don't know well because you don't know them well enough to trust what they say. If you feel like being close, you can hug and touch. However, if your partner has sores or warts on their penis, scrotum or vulva, you should not touch or rub against them. You might get an STD that way.*
>
> *Some people who decide to have sex anyway can use a condom. (We demonstrate how they are used). But this is not absolutely safe because sometimes people don't remember to use one, or they are embarrassed to use one, or they don't use it correctly and it breaks.*
>
> *If you have had sex with someone, and you notice a sore on your private parts, penis or vulva, or if some white or yellow fluid is coming out, you should tell someone you trust who*

can help you see a doctor. Some women who have never had sex can get a discharge from the vagina too. Sometimes people, especially women, can have an STD and not know it. It is important for anyone who is having sex to have a checkup every year.

And how do we answer the questions at the beginning of the chapter?

Could you get AIDS if you masturbated someone else?
You cannot get AIDS from masturbating someone else as long as semen doesn't get near the vagina or anus.

Can you get AIDS from kissing someone?
No. People who get AIDS usually get it by having sexual intercourse with someone who has it

If you have "stuff" leaking from your privates, is that AIDS?
Stuff coming from the privates doesn't mean AIDS. It could mean another kind of disease that people get by having sex. Most women have some fluid come from their vagina and it is perfectly normal. However if it smells and hurts, it could be an infection. Sometimes a woman can have an infection even though she has never had sex. This type of infection is not AIDS or any other kind of STD.

In sex education groups, we also role-play how to say "no" to risky sexual activities. At the simplest, most concrete level, we go back to (you guessed it) "public and private". So it's the same as teaching how to avoid sexual exploitation. You can use the principles for teaching social skills and assertiveness that we talked about in Chapter 4. Remember what they are?

Here are some examples for review.

- What can you do if someone you don't know asks you to go with him for ice cream or coffee at his apartment, etc.?
You say "no" and walk away. Watch me and then you try.

(Remember to give specific, positive feedback.)
You said "no" like you really meant it! Your voice was clear and you shook your head "no". What are some of the things that could happen? The person might want to have sex with you. Do you

remember what having sex means? Is it okay for someone you don't know to try to have sex with you? No.

- What if someone you like but don't know well tries to put his penis in your mouth/vagina/anus? Is it okay for that to happen? Why not? So what is the thing to do?
You can say "I like being with you but it is not safe to have sex because I don't know you very well. We can hug, though."

Remember: Asking questions and then filling in the missing information gives your son or daughter practice in thinking of ideas and making decisions about what what to do in different situations.

Sexual Abuse

WHAT TO DO; HOW TO COPE

> *Way back when I was 17 years old I was taken advantage of by my grandfather. I told him I didn't want him to do it no more and he wouldn't listen to me and he is in his seventies. When you tell the person not to do it and he still won't listen to you what do you do then? He's my grandfather and I'm his granddaughter and I didn't want him to take advantage of his own granddaughter. I got very embarrassed when I had it done to me ten years ago.*
>
> —Theresa

Throughout this whole book, we have been discussing the importance of helping young people understand and feel good about their bodies and their feelings. We have looked at ways to help them make wise decisions about people they can and cannot be close to. We have looked at ways to say "no" to going off alone with someone they do not know, or do not know well. And we have discussed how to inform a child about what to do if someone, even someone they know well, even a family member, molests them. These are important things to learn. Learning about one's body, learning to make choices, and becoming assertive builds self-confidence.

Learning to say "no" needs to be balanced with learning to say "yes" to appropriate close contact. We all need lots of other people whom we can trust, can hug and be close to. If that balance is not there, we'll have a child who is fearful and mistrustful of all others and ironically, uncomfortable with his body! And that is exactly the opposite of what we want. Knowing that one can trust most adults is important.

Unfortunately, most youngsters who are sexually abused are molested by a loved and trusted adult. So it is unrealistic to expect them to be able to prevent it, simply through teaching them how to say "No". But we can help them feel confident enough to tell us before it happens again and becomes more serious.

Note: If prevention programs concentrate only on teaching children to say "No", then people who are molested will simply blame themselves for being abused. One approach that could help a great deal is to put our energies into reducing molestation in the first place. We need to develop community-based sexuality education programs that involve children and adolescents, parents, teachers and care-givers. These programs need to address two big issues:

1. The social and sexual attitudes, especially sex-role stereotypes, that condone the sexual exploitation of women and children in the first place.
2. The attitudes about those with mental handicaps that lead us to train them to be obedient to all authority. In this context, we also must continue to work at changing the living circumstances of so many people with mental handicaps. For instance, the structures of systems in institutions and some group homes can unwittingly reinforce compliance to authority. (For more information about this topic, see Vulnerable.: Sexual abuse and people with an intellectual handicap. It is available at each provincial C.A.C.L.)

In this chapter we:

- define sexual abuse and how to detect it,
- describe the typical offender,
- discuss what happens and how parents can cope,
- discuss what to expect and how to cope when the offender is your partner or someone else in your family; when the offender is someone outside the family.

What is sexual abuse?

These words cover a wide range of sexual acts. Sexual abuse can mean that a man has exposed his penis to a child or has masturbated in front of the child. Or a child may get paid to undress or to have nude pictures taken. Sexual abuse also includes: touching or fondling of breasts or genitals; penetration of the mouth, anus or vagina with a penis; or insertion of fingers or other objects into the anus or vagina. A sexual offence has occurred if the offender is significantly older than the child (more than 4 years) and the child is younger than 14. Legally, no one under 14 can consent to sexual acts. And, of course, for people over 14, any unwanted sexual act is a sexual offence.

How common is sexual abuse?

It is estimated that before the age of 18, 1 in 4 girls and 1 in 10 boys will experience some form of sexual abuse. Recent studies estimate that the figures are probably much higher for those with disabilities. Studies indicate that between 39% and 68% of girls, and 16% and 30% of boys with intellectual handicaps will be sexually abused before the age of 18 (reported in Vulnerable, a publication of the G. Allan Roeher Institute). It is difficult to provide more precise statistics because most incidents are not reported.

What makes youngsters with handicaps more vulnerable to sexual abuse than others?

- Not knowing enough to recognize exploitation or to report abuse.
- Being taught to be passive and to obey all adults without question
- Never getting a chance to learn to make decisions that boost self-confidence.
- Not having friends. Lonely youngsters may do anything for some one just to get some attention and affection.

There are, of course, some people who may have a lot of difficulty learning the difference between abusive and non-abusive sexual behaviour. And some people would not be able to tell us what happened. The best you can do is to screen caretakers and sitters very carefully. It is wise to get to know the families of your sitters. Ask yourself some questions. Do they seem to be valued in their families? Do they have other interests in life, friends? Or do they seem to be loners? If you know for certain that you and your family, friends and caretakers are trustworthy, you have nothing to worry about.

What are the signs of sexual abuse?

Many young people with mental handicaps cannot tell us that they have been sexually abused. Others are too afraid to speak up. Some do not realize that they have a right not to be treated in this way. So we often have to rely on other indications that abuse may have happened. The only certain signs are pregnancy, sexually transmitted diseases, vaginal or anal tears. However, much abuse does not involve penetration so these symptoms are often not present.

Significant changes in a child's behaviour, however, can mean that a child may have been sexually abused:

- fear of all men or certain men
- not wanting to be left with certain individuals
- nightmares

- babyish behaviour like bedwetting, thumbsucking, clinging to a parent
- precocious sexual behaviour (behaviour that the child is too young to have learned except through exposure to sexual acts by a much older person)
- sexual knowledge you wouldn't expect them to have, for instance, about ejaculation, intercourse, oral sex

Sexual behaviour can include sexual talk, inappropriate sexual touching of others, initiating sexual behaviour with younger children, frequent and persistent masturbation. More than one of these behaviours is usually apparent. If your child begins to behave in some of these ways and you have reason to believe the behaviour could be due to sexual abuse, someone from a child protection agency should interview the child. A skilled interviewer may be able to find out from the child if something has happened.

Who are the abusers?

People with mental handicaps are rarely abused by strangers. Many parents are worried about this so it's good news to know it is rare. But the hard fact is that 99% of those with developmental disabilities who have been sexually abused are abused by someone they know. Acquaintances and friends, caretakers, bus drivers, fathers, stepfathers, foster parents, brothers, uncles, grandfathers have sexually abused kids and vulnerable adults. Women sexually abuse kids too but this is much less common. But abuse by women is probably underreported so it may happen more often than we realize. All adults ought to be caring and responsible towards youngsters and vulnerable adults. It is a sad fact that some are not.

What do we know about child sexual offenders?

Most offenders are heterosexual males. Many have been abused themselves as children and started abusing other children during adolescence. Some are attracted to children, some to both children and adults. Many are married, live otherwise exemplary lives and are respected in their communities. Most have few friends and feel inadequate. They often have problems separating their feelings from their behaviour and therefore have trouble controlling their impulses. Most commit offenses over and over again. Many therapists think that committing sexual offences is a compulsion that a man has to learn to control for the rest of his life. Many sexual offenders feel very guilty about sexual feelings and about masturbation. They need intensive treatment that will help them to feel more comfortable with their sexuality and to control their impulses towards children. Unfortunately few

comprehensive treatment programs are as yet available.
Most sexual offenders are not mentally ill so they are totally responsible for their behaviour. They are quite aware that what they have done is wrong. We know this because they always tell the child to keep the abuse a secret, often bribing ("I'll get you new toys and clothes if you do this") or threatening the child ("I won't love you anymore; I'll tell Dad you were very bad") if she tells. Physical force is usually not used.

Most offenders minimize the offence; they maintain that it "only happened once," for instance, while the child can recount several incidents. Most say that the child provoked the abuse by "coming on " to them. These statements are rationalizations. Children do not provoke sexual assault. Abusers make up other kinds of excuses too. An example of such an excuse is "We were wrestling and my hand slipped."

Offenders usually begin by stroking and touching a child in appropriate ways. The touching eventually progresses to the genitals. Some men expose themselves or ask the child to touch them. Over time other sexual acts may be performed, although sexual intercourse itself is not as common as other forms of sexual activity.

Some parents and stepparents tell us that they are hesitant about giving physical affection to their growing youngsters for fear that such affection could be considered sexual abuse. Obviously, hugging our children is essential for their well-being. It is important to know that it is not unusual for parents to experience occasional erotic feelings towards their own child. And it is quite normal for very young children to have sexual feelings towards a parent. However, this obviously does not mean they want a sexual relationship with a parent. Perhaps it will help you to relax to know that sexual feelings by themselves are not harmful. Sexual actions towards children are. It is clearly up to adults to set the limits. Lots of warm affectionate hugs are good. Sexual touches clearly are not.

WHEN YOU FIND OUT YOUR SON OR DAUGHTER HAS BEEN SEXUALLY ABUSED: DEALING WITH YOUR FEELINGS

If the Offender is a Family Member

Your child may tell you what has happened. Or she may tell a teacher. Or a teacher may report her suspicions of sexual abuse to a child protection agency after noticing changes in your child's behaviour. Your feelings may range from shock, disbelief, anger at the abuser, to guilt that this has happened and that you could not prevent it. If the abuser is someone you know well or someone you live with, you may feel a sense of shame that the person you cared about could do this to your child. You may blame the abuse on yourself. You may think "If I had been more loving and caring; if only he (the offender) didn't have this problem with alcohol...."

If your child told someone else first, you may feel angry at him for not informing you. There are good reasons for children not telling their parents first. The offender may have sworn the child to secrecy, or threatened harm to a parent if he told. Often a first disclosure comes after a school program on sexual abuse and the child realizes for the first time that what was happening to him was not okay.

You may experience such conflicting emotions towards yourself, the offender, even your child, that a sense of paralysis sets in. You don't know what to do or where to turn.

When the initial shock of the disclosure wears off, you may go over and over the indicators of abuse that you did not notice. You may recall when and how your child's behaviour changed. Recalling these things can help you understand what your son or daughter has gone through. But going over and over the details may cause you to experience more guilt. You need to remember that this is one of those "unearned" guilts. And changes in behaviour can occur for other reasons not connected with sexual abuse. It is difficult to make the connections until afterwards. This is especially true when the abuser is someone close to you and to your child.

It is important to turn to someone for help, both for you and for your son or daughter. In fact, getting someone to help you with your feelings will help your child recover much faster. The most important thing to recognize is that the abuse is not your fault. It is entirely the responsibility of the abuser. Nothing you did or did not do led to his or her misuse of your child. Sexual offenders do not abuse youngsters because their adult partners refuse to have sex or because they were not better sexual partners or because they could have been more understanding and caring. Sexual offenders molest children and young people because they are sexually attracted to children and because they want to exercise power over those who cannot protect themselves. You need to tell yourself this over and over again.

If you were sexually abused yourself as a child, you may feel especially guilty. "Of all people, I should have known..." you say to yourself. The child's disclosure may trigger painful memories of your own. You may not want to tell your family for fear they will learn of your own abuse. You may fear anger and rejection from them. You may think "I've passed on the tendency to be abused to my child." It is especially important to get professional help so you can sort out your feelings. Your abuse did not cause the abuse of your child.

Getting help for yourself

Choose a couple of close friends whom you trust as sources of support for yourself. If you tell someone who turns out to be negative or judgmental, remember that child sexual abuse has been a secret for a long time. Most people don't know the facts yet, that is, that abuse is always the fault of the offender and not you, the child, or any one else in the family. Ask for a referral to a counsellor or psychologist who can help you with your feelings. Some family counselling centres or sexual assault victim centres have parent support groups. Many parents find help in being with others who are going through the same experience. Or you may prefer individual counselling. The important thing to remember is that you deserve help for yourself. And helping yourself will benefit your child and help you both recover.

Helping Your Child

What reactions do children and young adults have to sexual abuse? And how can you help?

It is important to get professional counselling for your child if any of these behaviours persist over a long period of time. There are also some things you can do to help.

FEAR

If the abuse has gone on for a long time, the child may be releasing feelings that she has had to keep a lid on until now so her reactions may seem extreme to you. She may fear men who remind her of the abuser, or certain rooms in the house where the abuse took place. She may be afraid that the abuser will come and take her away. She may beg you not to leave her alone or with a sitter. She may have nightmares and want to sleep with you.

Let her know that you know she feels scared. "Yes it's scary isn't it? Tell me about the scary feelings". Don't dismiss them as silly. Let her talk about them. Tell her how you will keep her safe. Some children need a bedtime ritual that includes closing all the curtains, locking the doors. This may need to continue until the hearing. If she is afraid of men, let her keep her distance. Children who are receiving regular medical care from a man will need reassurance from him that they will not be harmed. Some youngsters are afraid that the police will take them away. You can ask the officer in the case to visit and reassure the child that he is there to help her, not take her from you. He can also reinforce the message that the offender did something wrong, not the child.

If she is afraid of being left alone with a sitter, don't leave her with strangers, only those you both know well. It is all right to go out without her. If you let her get her wish never to be out of your sight, it will not help her get over the fear. After awhile you will resent not having any time to yourself. Then you will feel guilty for resenting your son or daughter's demands!

Nightmares may last for a long time. You will feel like a broken record after awhile but it is important to reassure her and hug her when she awakens. She should sleep in her own bed. Set aside some time every night that she can share some special time with you. She can talk about anything she likes, including the abuse. But don't press her to talk about the abuse if she doesn't want to. Let her express her feelings and talk about it at her own pace. Sleeping with you is not a good idea. It may prolong her fears and make her more dependent on you. Establish a bedtime routine and stick to it. Do not get into the habit of letting your child stay up late, or have that one extra cookie or TV program. The more you give in, the harder it is going to be to control her behaviour and the longer it will take for her to recover. If you have had trouble setting consistent rules about your child's behaviour before the abuse, it will be harder now to establish firm limits. But it is very important for both of you.

SEXUAL BEHAVIOUR

The most troubling reactions to deal with are sexual behaviours towards others. These include:

- touching the genitals of men or otherwise acting seductively towards them
- compulsive masturbation
- initiating sexual activity with younger children
- engaging in sexual intercourse or other sexual activity with peers (if she is a teenager)

It makes sense that she is behaving in this way. After all, she has learned about sexual behaviour from her abuser. If the abuse has been happening over a period of months or years, she may think that this is how you are supposed to behave with men. You can use the principles we discussed in previous chapters to deal with these behaviours.

Treat public masturbation as has been suggested in Chapter 5. Although your child has been molested the feelings aroused may still be pleasurable. So trying to get her to stop isn't going to work.

Several families we know have fostered or adopted preteens or teens who have been abused by natural parents. These youngsters can behave seductively towards a foster father or a step father. If your daughter is behaving in this way towards you, it is important to set firm, consistent limits on the behaviour. Affectionate hugs are important and okay. A teenager sitting on your lap is not. What can you say to a teen who approaches you in a sexual way? "Sandra, I love you and I enjoy a hug. This is how I like to hug. This is how fathers and daughters behave with each other." Show her exactly what is comfortable for you. You have a right to your own personal space.

If she touches your genitals say "no" firmly. "I do not like to be touched in this way. This is not how fathers and daughters touch. Now let's go finish that puzzle." If the child has limited understanding, simply stop the inappropriate touch with a firm "no", hold her hands and guide her to a hug instead. Let her know you enjoy that. If the two of you are out for a walk or are doing something else together, let her know how much fun it is to be with her like this. In other words, teach her what is appropriate, and "catch her being good" (See Ch.4).

If the child is taking her clothes off in public, reinforce your "public and private places" teaching. To set an example for her, all family members should follow the rules for public and private behaviour in the house.

Some children who have been sexually abused try to initiate sexual activity with younger children. This happens because they are trying to gain the same control over others that the abuser had over them. As tough as it is, complete supervision will be necessary for a time when they are with other children. You can let your child know that you understand why they are doing this. Some children will understand. "I know you want to do with other kids the same things that were done to you. It's hard not to have that feeling. But it is not okay for you to do this any more than it was okay for him to act that way with you. So I can't let you play alone with kids until you learn this."

Some girls as young as 12 or 13 will engage boys in sexual intercourse. These kids may have been given gifts or money or special privileges in return for sex by their abuser. And they have enjoyed the special attention they got . It won't be easy to turn this around. You may have to spend a lot of time and energy helping your youngster find other ways to gain attention and self-esteem. Hobbies that she finds fun and that give her a sense of accomplishment will help. Have friends of both sexes come in after school.

Make sure someone is there to supervise them. Teach them how to engage in activities together. Give your youngster lots of praise when you see her behaving okay with friends. Perhaps a couple of friends could join you and a male friend for dinner or an outing so you can model appropriate male-female behaviour.

You can talk to her about pregnancy, STDs and so on. However she may not understand all this information yet. Or she may initiate sex despite your guidance. Let her know that you strongly disapprove of her sexual activity. Try a consequence for such behaviour such as removal of a privilege, something that means a great deal to her. If you know the boys involved, order them to stay away from your daughter. If you know that older boys are having sex with a minor, it is possible to lay charges against them.

But it is difficult to supervise an adolescent all the time. Contraception may be necessary to keep her safe from pregnancy. Remember that the rewards for sex have been great. Teens are known for going after the pleasures of the moment and throwing caution to the winds. Needs and wishes can override careful teaching and good sense. These kids have had some abnormal modelling and it has left indelible marks. But all your hard work will likely pay off as your child matures into adulthood. We know two such young women who have now established stable relationships. One married last year and lives in a supported apartment.

If the Offender Is Not Your Partner

If the sexual assault has happened at school or at work, you may feel very angry, not only at the offender but at the staff for not being there to protect your son or daughter. Teachers and work supervisors cannot watch over everyone every minute any more than you can. The fact is that it happened and everyone needs to take steps to prevent the offender from repeating the offence and to help your son or daughter recover.

Couples may blame themselves and each other, feel guilty for not being good parents, for not protecting their child more. They may withdraw from one another. One partner may hide feelings and put on a cheerful front; the other may need to talk. Remember from our discussion in Chapter 1 that spouses usually differ in the way they cope with stress and that each may misinterpret the other. What can help? Do not blame one another. Share your feelings with one another. This is important not only for your relationship but for your child's sense of well-being. If you two are angry with one another, your child may feel she is responsible. Then her own chances of recovery will be harmed.

Some parents have told us that they had educated their child about sexual abuse. They feel they must not have done enough because the child could not prevent it. Remember what we said earlier. It is extremely difficult for a child to prevent sexual abuse by a trusted authority figure. However, she did tell you about it. She did so because you had coached her about what to do if it happened. Had you been silent she might not have known enough or felt confident enough to inform you when the abuse began. What you did was help her prevent the abuse from continuing. For that you both need to be congratulated.

How should you respond to your child when she tells you that someone has forced her into sexual activity?

It is important to say to her "I am so sorry this has happened to you. I'm very glad you told me. What happened is not your fault. He did something very wrong. I can help you so it won't happen again."

Almost all children who have been sexually abused feel that they were somehow responsible for the attack. If the abuser is your close friend, boyfriend or spouse, she may worry about disrupting the relationship, about "sending him to jail," about upsetting you. During the investigation that follows, she may change her story and even deny that anything happened. This is understandable. She sees how upset everyone around her is and this may reinforce a sense that she is the "cause" of the upset. You will need to tell her often that you are glad she told you and that the offender did something wrong. She did not. Telling her may also help you know that you did nothing wrong either!

What should you do when your child discloses the abuse?

Do not try to handle the situation yourself. As long as the abuse is kept a secret, neither your child nor other children will be safe. The law requires that anyone who suspects that a child under 19 has been sexually abused or is at risk of being abused, must report to the police or to a child protection agency. The police and child protection agencies work together in the investigation. Both will interview the child, perhaps separately, perhaps together. If the child has disclosed to a teacher or if a teacher suspects from the child's behaviour that abuse has taken place, the child may be interviewed by authorities before you are involved. This may be upsetting but it is done because some parents do not believe their child and may pressure him to deny that anything has happened. If the abuser is a parent, other children in the family will be interviewed too. Often the offender abuses more than one child in the family.

What happens next?

Whether it is a one time assault or abuse that has occurred over a long period of time, you will be asked to have your child physically examined in order to determine whether or not there has been physical damage. The examination includes a pelvic examination during which vaginal secretions and a few pubic hairs are taken to look for evidence of semen. Of course, semen will be present only if the assault has happened within the previous few hours and ejaculation has occurred. Such evidence can be used if there is a trial. This examination is a difficult process for a child or young adult to go through and needs to be done sensitively by a physician experienced in what to look for. In most cases, child protection services will know who to recommend.

If the offender is a spouse, a court hearing will be held to decide where the child should be until charges are laid and until a preliminary hearing takes place. Sometimes a child is placed in foster care. Or the offender is ordered by the court to leave the family and to have no contact with the child or family until the case is decided.

Can a child or adult with a mental handicap testify in court?

Yes. In January 1988, new legislation was passed that, hopefully, will make it easier for victims with mental handicaps to be considered credible witnesses. Before this date, a witness had to have "sufficient intelligence" to give evidence. Now she simply has to be able to communicate in some way. This means that someone familiar with the child's speech pattern may interpret, or that pictures and dolls may be used to help the child or adult tell her story. But the victim must still be able to tell the truth. Young people who may not know what it means to "tell the truth" still cannot testify in court and their cases will not be heard. C.A.C.L. is working to get this requirement changed.

Also, videotapes can now be made in which a child is interviewed by her social worker or counsellor. These tapes may sometimes be accepted as evidence so that the victim herself will not have to face the abuser in court. But just as with evidence given in a court, a judge may consider that the taped evidence is not satisfactory enough to "prove" guilt. Some recent court decisions have dismissed videotaped testimony given by children. However, social workers and police have discovered that the biggest advantage of a videotape is that when some offenders see the children on tape explaining what happened and how it felt, they plead guilty before the case ever goes to trial. Then a trial is not necessary. People over 18 cannot be interviewed on tape. This means, unfortunately, that vulnerable adults cannot give their evidence on tape.

It will no longer be necessary for the person to remember exact times and dates during which the abuse occurred. People have often questioned the ability of people with mental handicaps to remember what happened to them. We know, however, that they have excellent memories for events that have had a major impact on them.

Some lawyers and, unfortunately, some people in the helping professions, have questioned whether or not a person with a mental handicap is likely to make a false accusation. It is well known that accusations of sexual abuse are rarely false. People with mental handicaps are even less likely than anyone else to lie, simply because they may not have the ability to do so (Vulnerable, 1988). Often they must tell their story several times over a period of a year or more. In our experience, the details of the events stay the same, unless the child or adult has been pressured by her family to deny her story or is worried about breaking up her family if she tells.

It is too soon to know what the effects of these changes in the law will be. Until now not many cases of sexual assault involving a person with a mental handicap have gone to court. We hope that more survivors of sexual assault who choose to do so, will have an opportunity to tell their stories in court.

When you meet with your child's social worker or counsellor for the first time, explain how they can best communicate with your child. Tell them what works for you. Your suggestions can help the worker adapt the interview procedures to suit your child's needs.

It is important to acknowledge that in some cases, it will be very difficult, perhaps impossible to find out from the child exactly what happened or who the offender was. You may suspect from the child's behaviour that something has happened. But his functioning level may be so low, and/or his attention span so brief that interviewing is not successful. However, you should inform your child protection agency as soon as you suspect that abuse has happened. An investigation must still take place. The person most likely responsible should be informed that he is under suspicion. You can keep the individual away from your child. But it may not be possible to get enough evidence to go to court. Naturally, not knowing for certain is very frustrating and upsetting for everyone.

What happens before you go to court?

If your son or daughter is required to testify, both the Crown prosecutor, the police and the child's social worker will help prepare her and you for court. Experience has shown that when someone is well prepared and supported she feels strong in facing the offender and in putting the blame where it belongs. Even if he is acquitted, she will feel she has had her day in court and has been able to do her best to prevent him from abusing others. Some judges order the offender to apologize to the child. This goes a long way to helping her heal. An apology places the responsibility for the abuse squarely on the shoulders of the offender.

There may be two court appearances. First there is a preliminary hearing in provincial court. This hearing is held to determine if there is enough evidence for a trial. If the offender pleads guilty, sentencing may take place following the hearing. If he pleads not guilty and the court considers that there is enough evidence, a subsequent trial will be held. Details of both of these procedures is beyond the scope of this book. It is important for you to make sure you ask questions all along the way to make sure you understand and are prepared for what will happen. Write your questions down before each meeting with the social worker, Crown prosecutor and police. Writing them down can lessen your anxiety and help you to cope better with everything that is going on.

Usually several months pass before the preliminary hearing takes place. If the case goes on to a trial, several more months, even a year may pass before the trial takes place. This is very frustrating because it means it is hard to put the abuse behind you and go on with your life. You may find yourself feeling very angry with the judicial system for being so slow. It is important to get some help and support during this trying period.

Catherine and Pamela

> *Pamela has both a mental and a physical handicap. She use crutches or a wheelchair to get around. When she was 12, my male friend, someone I had known for several years, sexually assaulted Pamela one evening when I was out. When she told me what happened, I was in complete shock. I felt terrible for her, outraged at and completely betrayed by him. I also felt very guilty that I had not prevented it.*
>
> *My husband and I had separated when Pamela was little. My friend was like a father to her. He showed an interest in Pamela's life. We went camping together; he came to parent teacher meetings with me. Pamela loved him. Both of us had come to trust him completely. Even though I couldn't*

possibly have had any way of knowing he would abuse her, I still felt guilty about what happened. If only I hadn't left him with her that night. If only I hadn't trusted him to be with her alone. How could I not have known he was that type of man?

It took some time to realize that I could not have foreseen what happened. I had talked to Pamela about "private" and "public" parts of her body . I had taught her to say "no" and come and tell me right away if someone tried to touch her or make her touch them. I had thoroughly "street-proofed" her. I was always working on her self-esteem. Now I know that my teaching gave her enough confidence to come and tell me right after it happened. If I hadn't talked to her about these things, she might not have told me at all. Knowing this helped me feel less guilty. I kept telling her over and over that she had done the right thing by telling me right away, that I was very glad she did, that he had done something very wrong, that she could not have stopped him. I know this helped her not to feel responsible for what he did.

For the year we had to wait for the hearing Pamela had a lot of nightmares. She clung to me and really acted up if I wanted to go out. She had tantrums, wouldn't go to bed and insisted on keeping the doors locked all the time. It was extremely difficult for both of us. Fortunately, both of us got help . I learned to be firm and comforting at the same time. I was able to work through the guilt. There were times when I felt more the victim than Pamela did. They prepared Pamela well for court. She had no trouble clearly and firmly answering the questions about what had happened. She wasn't even afraid to look him in the eye when she was telling her story. We both attended support groups. They were really helpful. Pamela learned to talk out her fears with other kids who'd been through the same thing. It was great to share with others and get their support. We both learned that we weren't alone.

I only wish that there had been some follow-up sessions. Because now we both need more therapy. Pamela is now 14 and is developing sexually. She has new fears. For instance she is afraid if a boy wants to be with her. Her feelings are all mixed up. I have started a new relationship with someone we both have known for 8 years. The three of us have

> *fun together but if I want to go out at night or if I want to be alone with him, Pamela tries to stay awake all night. She's having nightmares again. I'm having trouble dealing with her fears. I tell her that I know she is afraid but that Mom needs her friends too. We are now both receiving counselling again. I'm looking forward to the day we can both put this behind us.*

What about adults (over 19) who are sexually assaulted?
If your adult son or daughter tells you that she has been sexually assaulted, tell her "I'm glad you told me this. I believe you. What happened is not your fault. He should not have done this to you. We will get some help for you." If she says she has been raped, try to find out what that word means to her. She may not know exactly what the word means. If you can, have her tell you in her own words exactly what happened, how and where she was touched.

What is the next step?
Your daughter should go to hospital for a physical examination to rule out injury. If there is a chance the case will go to court, evidence will be collected at the time of the examination. So it is important for her not to bathe or change clothes before going to the hospital.

If there is a Service for Sexual Assault Victims in your area, a volunteer can accompany her to hospital. The volunteer will support her during the examination and afterwards for as long as support is needed.

It is a good idea to get some advice and counselling. An experienced counsellor should interview your son or daughter to determine exactly what happened, especially if there is a chance charges will be laid. The counsellor can help you both sort out painful feelings. The sexual assault will be distressing for both of you to deal with. Counselling will help you both recover.

Should you report an assault of an adult to the police?
Those who have a professional responsibility to an adult must report a sexual assault to their agency or to an Adult Protection Agency. Many provinces have an Adult Protection Act which can intervene to protect a vulnerable adult who is abused in her own home. If she is considered incompetent to decide what to do, Adult Protection workers can lay charges and have steps taken to protect her from further abuse.

As a parent, if your son or daughter is unable to make a decision, you can use your own discretion about calling the police. Adults who can make their own decisions have a choice about whether or not to press charges against an offender. It is usually wise to inform the police even if the survivor decides later not to proceed with laying charges. It is only by reporting that offenders can be properly punished. Police and courts will not press someone who is too distressed to continue with the legal process. Sometimes it may not be in the emotional interests of the person to go through the legal procedures.

Beth's Story

Beth disclosed to her counsellor in her supervised apartment that a family member had been forcing her to have sexual intercourse for several years. She wanted the abuse to stop but she did not want to stop seeing her family. She was worried that if the police were involved and if she went to court that family relationships would be disrupted and that she would no longer be welcome at home. She was certainly very clear about her wishes. Beth talked over what she might do with her counsellor. Together they met with the abuser and his wife. Her counsellor let him know that she believed Beth's story and that if he came near her again, he would be arrested. The family enforced this rule so that Beth could feel safe and still visit her home. It was important to keep her safe. It was also important to empower her to decide, with help, what she wanted to do. Because she was involved in the decision-making, she felt strong in facing her abuser. She told him exactly how she felt about his behaviour. Fortunately, some family members believed her and took steps to ostracize the abuser from family gatherings.

When she first disclosed the abuse, Beth felt frightened and powerless, saying over and over "can't do nothin' about it." Following her confrontation with her abuser, her depression and anger lifted and she recovered very well. Adults abused by family members usually feel very ambivalent about what to do. They want the abuse to stop but they do not necessarily want professionals to make them go through the legal process. They have the right to decide with assistance, how to keep safe while still maintaining family relationships.

What about adults who are coerced into sexual activity by dates or friends?

Sometimes unwanted sexual activity occurs as a result of "mixed messages" between young men and women. The following situation is one many of us can probably recognize.

Two people like each other, enjoy one another's company, enjoy hugging and kissing. One person touches breasts, or genitals, or attempts intercourse etc. The other may be having strong sexual feelings, but not want the sexual contact. He or she does not know what to do to stop the activity. She likes the man and wants to be friends. She is afraid that if she tells him to stop he won't be her friend. She does not say "no". Her partner may not understand that she does not like what is happening. Or he gets the message somehow but is not interested in respecting her wishes. She may have been told such contact is wrong. Or she may have been told that sexual activity, no matter with whom, is always bad. She may not understand what is happening and may be confused and frightened. It may be the first time she has experienced sexual feelings with a man and she is feeling overwhelmed and confused. She may go through a whole range of emotions, confusion about her sexuality, depression, shame, a sense of powerlessness. As her parents, you may wonder at the change in your daughter's mood.

She may eventually tell you what happened. Let her know that she has a right not to be touched when she does not want to be, that it was wrong of the man to touch her when she didn't want it. You are glad she told you. If the behaviour was clearly coercive, the young man involved needs to know that what he has done is illegal and wrong and that charges could be laid. At the very least, he should apologize to your daughter.

But it is important not to overreact. Expressing outrage may be confusing for your daughter, especially if you are not sure yet what she is really feeling. She could feel blamed. It is important to try and determine whether or not she is having mixed feelings about the incident. She needs to know that she has the right to say "yes" to touch she is comfortable with and "no" to touch she does not want. She needs to know from you that sexual feelings are normal and okay.

You can say something like "When people get close to someone they like, they often get strong feelings in their bodies. A man may want to touch a woman's vagina or she may want to touch his penis. If you don't want that kind of touch it is good to tell the person. You can say 'I like to be with you and I like to hug. I don't want you to touch me there. It makes me uncomfortable.' Touching must feel comfortable for both people. We all have a right to say "yes" to a touch that feels comfortable and that is safe. And we have a right to say "no" to touch that makes us uncomfortable. If two people become very close to one another and decide to have sex, then both must feel comfortable about it. And both need to feel safe first." This conversation can lead you into discussions about pregnancy and STDs.

It is usually more comfortable to talk about "people" and "they" rather than "you". Talking in the third person makes it less personal and easier to discuss. You could add that you remember feeling confused and unsure yourself about what to do in similar situations. Sharing a little of your own personal experience helps give your daughter "permission" (Ch.5) to feel more relaxed about sexuality.

If you can get some counselling for both your daughter and the young man involved, this is an excellent idea. It is usually easier for adults to talk openly to someone other than one's parents. They both need to know that relationships are mutual, that any touch must be comfortable for both.

Debbie's Story

Debbie is 26. One evening, she and her boyfriend Ben were hugging and kissing. Ben touched Debbie's vulva. Debbie got very upset and ran out of the room. Over the next few days she became depressed. She also got very angry if someone tried to hug her, even staff. Sometimes she screamed for no apparent reason.

Debbie came for counselling. Because her speech was difficult to understand and because she could not engage in a long conversation, the counsellor used pictures to try and understand what she was feeling. She showed Debbie a series of pictures of people: a couple holding hands, hugging, kissing, touching breasts, genitals, having intercourse. Each time she asked Debbie the following questions.

"What are these people doing? Who do you think they are? Husband and wife, boyfriend and girlfriend, strangers?

Debbie said "Boyfriend and girlfriend."

"Does the woman like what is happening? Does the man like it?"

Debbie indicated "yes" to hugging, kissing, breast touching, "no" to genital touching and intercourse. The counsellor asked if hugging and kissing were something she liked to do with her boyfriend. She hung her head and shrugged her shoulders.

It seemed that she was not certain whether or not it was okay to like hugging and kissing. So the counsellor stated that she liked hugs and kisses with her husband. The counsellor enlisted her husband's help in the counselling process. He said he enjoyed hugs too,when he was in the mood! Debbie giggled. The counsellor repeated the question and Debbie giggled "yes".

The counsellor then said that she herself liked sexual touching sometimes too. But if either she or her partner didn't want it, they could tell each other that too.

"We can say 'yes' if we want a certain kind of touch and we can say 'no' if we do not want it. Both people must feel comfortable."

Over several sessions, Debbie and Ben discussed sexual feelings with the counsellor. They learned how to talk to each other about what felt comfortable for them. Debbie became more comfortable with her sexual feelings. She also felt free to engage in touch she liked and to refuse touch she did not want. Ben learned that he had the same rights.

Debbie and Ben's problems happened because they didn't know much about sexual feelings or how to talk openly to one another about their feelings and wishes. Debbie and Ben are not alone. Most of us need practice being open and honest with one another. When we are, we feel more at ease with one another. And all our relationships will become more caring. As David said (Chapter 6), "*When you trust each other, you can say what you feel without hurting each other's love.*"

We hope you never have to deal with the issue of sexual abuse. But if you do, we hope that the information in this chapter will help you through.

Conclusion

Try as I might, I could not find just the right words to end this book. So I turned to the parents who participated in the Maritime Parent Sexuality Education Project. I'm so glad I did. Here are a few comments that reflect what everyone had to say.

Perhaps this book is only a beginning. It is so important for parents to help one another. It is so good for us to talk with one another. It helps us to know we're not alone in the issues that confront us. Parents can share so much.

Learning goes on all through life. We should continue to use our skills with our children and not get discouraged. Young families should have this book. They will then grow with it as a natural part of life.

> *My child is only 3. I feel her sexuality education should begin now, through modelling and discussion. The first part of the book, dealing with my feelings and hers, is where we are now.*
>
> *I'm now looking at my son through new eyes. I'm seeing him as a teenager for the first time. I was in a panic for ten years dreading the teens and now with some guidance I feel more in control.*
>
> *My daughter is 22. We really needed the discussions about sexual decision-making. That's where we are now.*
>
> *I learned that our child was more normal than "disabled". We need to prepare ourselves for experiences that can happen to anyone. When a person has a mental handicap it takes longer to learn but with repetition the message is learned.*

This book is for any parent. Many of us parents have difficulty dealing with sexual issues. It doesn't matter if the child has special needs or not.

Sexuality is a normal part of everyone's life. To enjoy it, one must first understand it. If we become more knowledgeable and comfortable, it makes dealing with our child's questions and problems so much easier. We can better trust that our responses will be appropriate. This book will help us help our children enjoy sexuality as a healthy, vibrant part of their lives.

> *I feel as if I understand my son much better since taking the parent course. I really took sex too seriously. I was brought up that way in the 30's. Now I find it's a lot easier to deal with my son's emotions and mine. I learned to take one step at a time. To deal with the feelings. My heartfelt thanks.*

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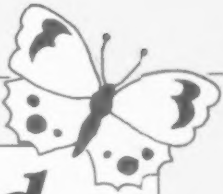

Shared Feelings

A Parent Guide to Sexuality Education for Children, Adolescents and Adults Who Have a Mental Handicap

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A Parent Guide to Sexuality Education for Children, Adolescents and Adults Who Have a Mental Handicap

A DISCUSSION GUIDE

Diane Maksym, M.Ed.

The G. Allan Roeher Institute

Shared Feelings and the accompanying *Discussion Guide* were written for the Maritime Parent Sexuality Education Project, a project sponsored by the Canadian Association for Community Living, Nova Scotia Division, Prince Edward Island Association for Community Living and New Brunswick Association for Community Living. The project was funded by the Department of National Health and Welfare, Ottawa, Canada.

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Introduction

This guide to the use of *Shared Feelings* is designed to be used by parents of children with a mental handicap who are interested in helping other parents feel more comfortable discussing sexuality with their children. It was initially developed for parents in Nova Scotia, New Brunswick and Prince Edward Island who were trained to be group facilitators during the Maritime Parent Sexuality Education Project. Now that the project is over, these parents are available to lead discussion groups for other parents. Professional parent educators will also find the guide useful.

The discussion guide is designed to facilitate discussion of the book by small groups of parents. All parents can profit from reading *Shared Feelings* on their own but parents who have been involved in discussion groups tell us that finding out that they are not alone with their questions and worries is an enormous relief. Everyone parenting a child with a mental handicap shares similar struggles and dilemmas.

> *We got so much support from other parents. If we had a problem, the others would all pitch in and think of ways to solve it. We wouldn't have thought things through so completely on our own.*
>
> *Just finding out that other parents had similar feelings of joy and sorrow, frustration and fatigue, left us feeling so relieved.*
>
> *We didn't just talk about sexuality in the group. We talked about all kinds of issues that go along with being the parents of a child with a handicap. Our group went so well, we decided to continue as an ongoing support group.*

Parents of infants and very young children can often find a support group in their community. But few such groups exist for the parents of children going through the difficult transitions into adolecence, or young people on the threshold of young adulthood. A discussion group organized for sexuality education could be the start of an ongoing support group for parents of children, adolescents and young adults in your community.

The Discussion Guide to Shared Feelings contains the following parts:

A. Some goals for parent discussion groups.
B. Tips for working with groups.
C. How to use the discussion guide.
D. Session outlines containing discussion activities for seven two and a half to three hour group sessions.

A. SOME GOALS FOR PARENT DISCUSSION GROUPS

The following overall goals are based on the topics in *Shared Feelings.* It is important to keep these goals in mind as you work through each session. At the same time, it is obviously necessary to find out what particular goals your group has and to work together to meet them. Session 1 gives you some guidelines for establishing goals as a group.

Overall Goals

1. To learn more about sexual development and sexual behaviour.
2. To clarify our attitudes and values about our own sexuality and that of people with mental handicaps .
3. To develop effective communication skills with children.
4. To learn ways to help children develop self-esteem and learn social skills and sexual information.
5. To learn more about such topics as dating, marriage, parenthood, birth control and sterilization.
6. To relax and enjoy one another's company.

Note: The biggest asset group facilitators can have is a sense of humour, the sort that enables us to laugh at our own foibles and experiences and permits us to treat ourselves and others kindly. Learning about sexuality is supposed to be fun! If we enjoy ourselves, so will the parents participating in our groups.

B. TIPS FOR WORKING WITH GROUPS

Let's talk about first things first. If you are new to facilitating groups perhaps it seems a daunting task. In this section we'll talk about ways to make the task simpler.

Group work is often fun and exciting, sometimes frustrating and painful, always emotionally tiring. Your work will be fun. At the same time, it requires a lot of energy. Make facilitating as easy as possible:

KNOW YOUR LIMITS

Decide what you can reasonably manage, given your own resources and other responsibilities. Like many people who like to work with others, you may have to learn how to say "Yes" and "No" like you really mean it! (See Session 4 on Assertiveness.) Know your limits and don't take on too much. If you get exhausted, you won't be much help to your group.

FIND SOMEONE TO TALK TO

Find someone you can share the experience with, someone who has "been there too". You'll need an experienced group facilitator who you can talk to, who can be supportive and can help you problem - solve difficult situations. This person should be someone who does not know the people in your group. For example, an experienced group leader from a community college in your region could be a good choice.

Remember: Do not share the names of people in your group; doing so violates confidentiality.

WATCH ANOTHER FACILITATOR WORK

Before you start your own group, attend a program that uses this Discussion Guide and Shared Feelings , one led by a trained, experienced group leader. Such an experience will help you find out how to use the guide in a flexible way.

KEEP LEARNING

Get extra training in communication skills and in group skills if you can. Such training will help you feel more confident once you get started.

Here are some general guidelines for putting a group together.

Number of participants.
Groups can have two people (you and one other person) or more. We suggest that you keep the group small, no more than 10 parents. Too many people make it difficult for you to facilitate all the issues that will emerge. Also, parents will get frustrated if there are so many people that their concerns cannot be fully addressed.

Should everyone in the group have the same needs?
Not necessarily. Parents stated it was valuable to learn how to deal with issues in a variety of ways that are effective both with children who have few special needs and with those who have very challenging needs. However, the issues concerning parents of teens and young adults are quite different than the issues concerning parents of preschoolers. While it may be more challenging to facilitate a group that includes parents of children in both age ranges, it can still be a positive experience.

Finding participants.
Write or call the Maritime A. C. L.s for information about how they found parents for their programs. How you recruit depends on the way your agency works. A general rule of thumb, however, is to find one enthusiastic parent, a natural leader who is good at recruiting others.

C. HOW TO USE THE DISCUSSION GUIDE

Your goal in facilitating a group is to encourage parents to take charge of their own learning. If parents take responsibility for their own learning, for what actually happens in the group, they will find solutions to their own dilemmas. When parents solve their own dilemmas they gain tremendously in confidence and self - esteem.

To accomplish this goal you have two main tasks. You need to help the group:

1. Get the job done. You should be good at conducting exercises, stimulating discussion, summarizing the groups' activities, and keeping the program on schedule. These are known as the task functions of the group.

2. Work together comfortably and support one another. You need to create a warm non - threatening atmosphere by being friendly, enthusiastic, sincere and supportive. These are known as the maintenance functions of the group.

An interesting phenomenon happens in groups. After people begin to get comfortable, they copy what the facilitator does. Each person in the group begins to take on some of the leadership roles. Group members perform some of the task and maintenance functions. Once parents start to do some of this work, they get a lot done.

The following tips will help you facilitate your groups. They will help you use the session outlines in a flexible way. It is important above all to avoid using the session outlines as a series of lectures.
This section is divided into five parts:

1. Structuring a Session
2. Learning Activities
3. Communication Skills
4. Facilitating Typical Group Situations
5 A Question of Values

(I am indebted to three main resources for ideas on how to present this information simply, without becoming too theoretical. These resources are listed in the reference section at the end of this section of the guide.)

1. Structuring a Session

A session is divided into three sections:

- INTRODUCTION

- MAIN PART

- CONCLUSION OR SUMMARY

What do you do in each part of the session?

INTRODUCTION

The introduction to the first session is different than the introductions to the remaining sessions. There are several tasks to accomplish in a first session. You need to help parents become comfortable, to establish together the ground rules for learning and to decide on the topics that will be covered. Session 1 shows you how to accomplish these tasks.

For each session thereafter, start with a check- in. A check - in is an opener that helps everyone keep in touch with their expectations and feelings throughout the group process. In other words, a check - in takes the group "temperature". Ask some of the following questions:

- How are you feeling about the session last week?
- How did your week go?

Or you can have each parent in turn finish these incomplete sentences:

- One thing I liked/ did not like about last week was

- One thing I want to talk about this week is

Check-ins can be done as a round. That is, one person starts and everyone takes a turn. Check - ins should be short, no more than 5 - 10 minutes. No one elaborates or asks questions until everyone has had a turn. The check - in can also include questions that "recap" or review briefly what happened during the previous week.

- What do you remember most about last week?
- What did we do last week?
- Are there any leftover thoughts, unfinished business from last week that we should discuss?

MAIN PART.

This part of the session uses a variety of learning activities to cover the topics in the program. These learning activities are described in part 2 of this section.

CONCLUSION

The end of a session summarizes the main points that have been discussed. It also leads into the next session. Ask questions such as:

- What stands out for you in this session?

- What did you learn and how can you use it this week?
- What did you like most/least about tonight's session?
- From everything we've been saying, it seems we could spend more time on______. Shall we begin there next time?
- Is there anything anyone would like to say before closing?

Conclusions can also include group affirmations (encouraging statements). These are statements that end the session on a positive note and help build group trust and self - confidence. They can include statements such as:

- We really worked hard tonight.
- We're really getting a lot of work done.

You can also do affirmations as a round, each parent giving an affirmation to the person on their left. For example:

- I really appreciated your help with ——
- You're good at keeping us on the subject.

Note: Beginning half way through the series you should end each session by reviewing what has been covered so far. This procedure reminds parents that they have a limited time left. It helps keep them on track and encourages them to get the work completed. It also places the onus on them to make certain they get their concerns discussed. Say something like:

"We have three (two or one) sessions left. So far we have covered______________. We have the following issues left to cover. Is there anything you would like to change, or add?"

2. Learning Activities

Learning activities are the techniques you'll be using to help parents absorb the information in the sessions.The purpose of the various learning activities is to incorporate the three major components of the learning experience in this (or any other) program: knowledge (facts); attitudes (opinions and feelings); and skills (methods for teaching social skills, giving sexual information).

> *Knowledge* is gained by doing the quizzes described in the sessions, by taking books home and through discussions.

Attitudes are clarified through small group discussions and values exercises.

Skills are acquired through demonstrations, role plays and practice at home.

This brief overview of the types of learning activities that you will find in the session outlines will help you to use each type of learning activity effectively.

SMALL GROUPS
Groups of two's, three's or fours help people talk more easily about sensitive issues. When you assign a task to small group, give clear, simple instructions about the task. While the groups are working on the task, don't interfere with their process by butting in on the discussion. You may intervene if the group is stuck or seems to be wandering off topic. Summarize a small group exercise by having the parents share thoughts and feelings about the experience in the group as a whole. Sharing thoughts and feelings about the small group experience helps build group trust and a feeling of mutual support and closeness. In group work this feeling of closeness is called cohesiveness.

BRAINSTORMING
Brainstorming is an excellent way to quickly generate many ideas about an issue or problem. It is a good way to stimulate discussion about sensitive sexual issues and to engage the group in problem - solving. To use brainstorming effectively, instruct parents to call out any thoughts or feelings that come to mind about an issue without evaluating their ideas first. People are more creative if they don't have time to censor their thoughts . Write down all the ideas offered.

Brainstorming gives parents "permission" to share feelings about sensitive issues. It can be a useful starting point for clarifying personal values. The activity, ***What is Sexuality?*** (Session 1) is an example of a brainstorming activity. The discussions about values issues such as masturbation and homosexuality following *The Flip Side* exercise in Session 5 are other examples.

ROLE PLAY
Role play means acting out a situation. It is an excellent tool for practicing the methods used for teaching social skills and giving sexual information. Try role play only after parents feel trusting

and supportive of one another. For guidelines on how to use role play, see Session 4.

PROBLEM - SOLVING
See Session 6 for an outline of some useful steps to problem - solving. Breaking a dilemma or problem into small steps helps make it manageable. Parents can then take a more objective look at their dilemmas. There are four basic questions: What is the problem; why is it a problem; what can be done about it; what do I do if my plan doesn't work?

ROUNDS
Each person in the group says something in turn. A round is brief. It is useful for check - ins and closures. Rounds help you take the temperature of the group. A round can encourage quiet people to speak and can help tone down someone who is too talkative and is dominating the group. However, it is important not to use rounds too often because they can be somewhat mechanical.'

DEMONSTRATIONS
Demonstrations are used throughout this guide, especially in Sessions 3 and 4. You can use them to model methods for teaching social skills and words to use to give sexual information. Parents involved in the Maritime Parent Sexuality Education Project really liked the demonstrations. They helped ease their own discomfort at using sexual words. And since parents participated fully in these demonstrations, they were a lot of fun. Invite parents who have had experience dealing with a particular issue or talking about a particular topic to do the demonstration for the group.

DISCUSSIONS
Discussions are the most common and effective way for adults to learn. Here are some points to consider that will make your discussions effective.

- Ask open questions, such as "*How do you feel about that?*" Avoid questions that can be answered with a simple "*yes*" or "*no*".

- Make sure you and everyone else understands what someone has said by paraphrasing (repeating the idea using different words) and using reflective listening (feeding back the ideas behind the words).

- When you ask a question,wait for a response. Give people time to think. Don't jump into the discussion too soon. With experience you will become comfortable with periods of silence.

- Encourage everyone to get involved without pressuring anyone to speak.

- Summarize the main points of the discussion.

3. Communication Skills

Remember this important principle: To get to the root of most parent concerns, you need to ask two major questions:

- *How do you feel?*
- *What do you need?*

Two key communication skills, *reflective listening* and *questioning* will help you discover the answers.

REFLECTIVE LISTENING

Session 3 acquaints parents with reflective or empathic listening. You should know what it is and how to do it before you teach it.

What is the purpose of reflective listening?
It helps you to understand the ideas, attitudes and feelings of someone; to see the world as they see it. Another word for this is empathy.

What are the benefits of reflective listening?
It helps parents clarify their own feelings about a dilemma. It is therefore an essential first step in problem - solving. When you acknowledge someone's feelings, it helps give her permission for *having* the feelings. It helps her accept her feelings as normal. When someone is clear about her feelings and when she can accept her feelings, she will be able to look more objectively at her problems.

Reflective listening also keeps you from assuming you understand exactly what someone *means*. It also keeps you from rescue work, that is, from jumping in and offering solutions for a problem before either of you fully understand what the problem is.

How do you listen reflectively?
You feed back to someone both the facts (content) and the feelings expressed in what she says. Your feedback is really a hunch or a guess about her meaning. It doesn't matter whether your guesses are right or not. If you check them out she'll let you know. If your guess is wrong, you can try again. This kind of listening is actually mutual problem - solving. Both of you are putting your heads together to try and understand what is going on.

What does reflective listening look like?
Here are two examples:

Father: *My son will be 16 next week. I know it's silly to feel this way, but———I see other kids learning to drive; I'd love to teach my son to drive, but——he'll never drive——I just feel, oh I don't know——.*

> The facts in this statement? The son's approaching birthday triggers a wish that he could learn to drive like other boys his age. The father regrets missing out on a common father - son experience.
>
> The feelings? Sadness, regret. In this example the father does not express his feelings directly. Your response should put a name to the feelings you think he may be having.
>
> Your response? Paraphrase what you hear. You can say something like:
> "*Sounds like you feel really sad right now that because your son has a handicap you won't be able to enjoy a common father - son experience like learning to drive.*"
>
> You can add a statement that helps this father accept that these feelings are normal and acceptable. You could say something like:
> "*Your feelings are natural. Many parents experience sadness at times like birthdays.*"
>
> Then turn to the group for their input. Group members can offer excellent support that is often more valuable than the support one facilitator can offer.
> "*I expect others can identify with these kinds of feelings. Has anyone else experienced this?*"

Mother: *My daughter is twelve. Lately, she has started acting silly around boys. Last week her 14 year old cousin was visiting and she ran over and grabbed his crotch! I wanted to pretend she wasn't mine!*

> The facts in this statement? This mother's 12 year old daughter has started noticing boys. She shows this by grabbing the crotch of her teenage cousin.
>
> The feelings? Embarrassment, shame.
>
> Your response:"*Pretty embarrassing moment wasn't it when she grabbed somebody right out of the blue.*"
>
> You can add a statement that helps her feel less distressed and more positive about the situation. This child is going through normal teenage feelings right on schedule. Her behaviour shows she needs some information. This is a common situation. You can help the mother "reframe" the behaviour in a positive light. For instance you could say something like:
>
> "*Seems as if Mary is developing right on schedule. Many parents have shared similar experiences. Has anyone here gone through something like this?*"

Once the feelings and facts have been identified, you can engage the group in the *Steps to Problem - Solving* outlined in Session 5.

Empathic listening responses usually start with phrases like:

- Sounds like______
- It seems that______
- That must be______

Practice using these phrases at times when you hear a friend expressing strong feelings about something. At first, it will seem mechanical, not very genuine. But once you get the hang of it, you will develop your own natural style.

ASKING QUESTIONS

There are two types of questions: closed questions and open questions. Open questions invite further discussion, clarify feelings, help in problem - solving. They usually begin with "what" or "how". Closed questions are discussion stoppers. They can be answered with a simple "yes" or "no". It is wise to avoid them as much as possible.

Closed question:	Open Question:
Do you feel sad/scared?	*How do you feel about that?*

Never use "why" questions. These sound like a threatening interrogation. They encourage people to close down. Furthermore, asking something like "Why do you feel that way?" often elicits a very genuine "I don't know". Why questions don't help someone think through a feeling or a problem.

What can you do instead of using the word "why"? You can ask questions such as:

- How do you explain what happened?
- What sorts of things have you tried?
- What are your ideas about your daughter's behaviour? What do you think is going on?

When you want more information from someone, you can ask questions such as:

- Can you tell me more?
- Can you take that a little further?
- Can you give me an example?

Each learning activity in the Discussion Guide includes examples of open questions.

4. Facilitating Typical Group Situations.

How do you use reflective listening and open questions in a group? Perhaps the best way to illustrate is to give examples of 15 typical group situations and suggest how you might facilitate each.

First, here are some general principles for handling tricky situations (adapted from *Nobody's Perfect, Facilitator's Manual*, page 78).

- Be a neutral observer.

Don't jump in with your own opinions about a problem, however strongly you feel about something. Rather, get the group to share their ideas, then use the problem - solving method to solve the problem.

- Turn difficult situations into a positive learning experience. This is often called "reframing". See situation 10.

- Protect the parents involved.
  There are two types of situations where the parents involved need some protection.

  1. A parent shares very personal information early in the group sessions.
     She may regret having said "too much" and feel embarrassed to return to the next session. Situation 12 shows you how to facilitate very personal disclosures.

  2. A disagreement turns into a "fight". It is important to keep discussions involving strong feelings at the level of a healthy exchange of ideas while at the same time encouraging the sharing of differing points of view. Groups are often afraid of getting into conflicts and may avoid discussion of controversial issues because of such fear. However, if group members don't engage in discussions about sensitive or controversial issues, they don't get a chance to really think about their personal values. The amount of learning is therefore limited. You need to help parents feel comfortable sharing differing points of view without damaging the self - esteem of the group. Situation 10 shows you how.

Here are some examples of common situations in groups that illustrate facilitation skills. These situations are examples of "maintenance " tasks.

Situation 1: When someone is very quiet each week.
Watch for signs of silent participation such as a nod. Say something like "You seem to agree with this point" or "It looks as though you've had a similar experience. Could you share your ideas with us"? You could seek the quiet one out at breaks and engage in conversation about how she feels about the group. Ask her if her concerns are being answered, if there is anything she'd like to see happen in the group.

Situation 2: When parents offer ideas about an issue or problem. Accept and affirm each idea without judgment. You can say for instance "That idea is interesting". You should not say "I couldn't agree with you more" or "I don't think that would work". You want parents to participate. If you evaluate the ideas offered, they will hesitate to speak.

Situation 3: When parents offer ideas that are not expressed clearly. Clarify the ideas by restating them or using reflective listening. For instance:
- Could explain a little more?
- Can you give an example of your idea
- Are you saying that______?
- Let me check to make sure I understand.
- It seems you are saying_________ ?

Situation 4: When parents offer an incomplete idea.
Hold the group's attention and ask the parent to elaborate.

- Let's stay with Sam's point for a moment. Sam, could you tell us more about that?

Situation 5: When someone contributes ideas that are irrelevant to the topic under discussion.
Encourage the person to keep to the subject without putting him down.

- That is an important issue. Can you hold that thought for later? We can deal with it then. (Make certain you *do* deal with it later!)

Situation 6: When it is time to move on.
Summarize the discussion and lead into the next topic smoothly.

- So far we've been discussing how to teach _______. The same principles can be used to teach________. Could we go on to________?

Situation 7: When the group is silent.
First assess the reasons. Are people uncomfortable? Is there not yet enough group trust so that parents feel safe in sharing their opinions and ideas?

Use techniques such as:
- Self - disclosure. "I remember having something similar happen

with my child".
- Brainstorming. "What thoughts, images, feelings come to mind when I say the word 'masturbation'?
- Using open questions or statements. "How do the rest of you feel about_____?" "This is a pretty common situation. Some parents find it helps to_____".

Remember: Learn to wait before jumping in! Give people a chance to think.

Situation 8: When someone is too talkative and dominates the group.
Build up the group's confidence to deal with dominating members. You could say "Thank you for your ideas. Now let's hear from others on this issue". If the "offender" persists, review the group's rules about giving everyone a chance to speak.

Situation 9: When everyone is talking at once.
You could say "Everyone has important ideas to share about this issue; that's great. Let's hear them one at a time".

Situation 10: When someone engages in unnecessary controversy. Keep a neutral position. Help each person see the other's point of view. Turn the situation into a positive learning experience (reframe). Use techniques such as:

- *"You two seem to agree that an adult has the right to decide for himself about sterilization. Where you seem to disagree is what to do when someone is unable to decide for himself. It's quite a dilemma, isn't it? Let's get everyone's ideas on this."*

- *"Homosexuality is an issue that many people have strong opinions about. Congratulations for feeling free to share your ideas. We've discussed some facts about homosexuality. It seems though that we won't resolve all the feelings and opinions about it tonight. Perhaps for now we can agree to disagree! Shall we move on to______".*

Situation 11: When someone begins to cry.
Offer support with empathic listening. "This must be painful for you". "It's natural to feel like this about_______."

Situation 12: When someone shares very complex personal problems.

Example: *"Speaking of hugs, what about me? I never get hugs at home. All he ever wants is sex and if I say 'No' I get yelled at!"* Acknowledge the concern and generalize it by saying something like

> *" I can see how you would be so distressed. It's a common issue in families. Your experience shows us why it is important to have support systems. Perhaps you and I could talk about this more afterwards."*

When you speak with the parent after the session, listen to her as she shares her feelings. Explain that you are not a counsellor and suggest a referral for professional counselling.(See Session 6 for how to decide when to refer a parent for professional counselling.)

Situation 13: When a group member criticizes the facilitator. Acknowledge the criticism and check it out with the others. "I'm glad you let me know about that. I'd like to check it out with everyone else."

Situation 14: When a parent suggests a cruel or dangerous behaviour.
Avoid judging the parent while letting him and the others know you don't think his idea is a good one. For example: A parent suggests spanking a child who touches his genitals in public. It is useful to start by saying that touching genitals is a common behaviour. Then you could try:

- Asking for ideas from others. "Can anyone suggest another way to deal with this behaviour?"

- Brainstorming. "Let's think quickly about all the reasons kids do this."

- Say "How does Jim respond when you hit him? Does it stop him from touching himself? I know it must be frustrating. But hitting doesn't seem to solve things does it? What does he learn from being hit? Let's all think of some other ways that might help."

Use the problem - solving method to work out a plan of action the parent could try.

Note: If you suspect that physical or sexual abuse may be occurring in a home, discuss your concern with the parent. You have a legal obligation to ensure that suspected abuse is reported to Family and Children's Services agencies or child welfare agencies. For example, in one group, a parent reported that her daughter was behaving "strangely". The behaviour she described sounded very much as if the daughter was being sexually abused by someone. The group leader discussed her concern with the parent and asked whether she could contact Family and Children's Services herself or would like some support in doing so. The parent said she would call. The group leader checked with her the following week. The mother had called and a social worker visited the home. If a parent denies that abuse could be taking place, explain that you have some concern and that you have a legal obligation to report it. Then call Family and Children's Services yourself.

5. A Question of Values.

This is a separate section because values are so obviously important in a program about sexual issues. All of the facilitation skills described above will help you deal with values issues.

It is important that you tell parents that it is not your job to try and change their values about particular sexual issues. Personal values can change when someone gets the facts and hears other viewpoints about different types of sexual expression. But decisions about whether to change or to keep certain values are up to the parents.

Why is it so important to reassure parents that you don't intend to indoctrinate them? First of all, you're going to help parents take responsibility for their own learning. You aren't following that principle when you try and impose your own values on others. Secondly, values about particular sexual issues such as varieties of sexual expression, the place of sex in a relationship and so on, are the product of a lifetime of learning from individual, family, cultural and religious systems. These values are unlikely to change in 6 or 7 weeks!

However, the learning activities described in the session outlines and the facilitation techniques described above can help parents *clarify* their personal and family values about sexuality. They can begin to think clearly about the messages that they want to give to their children about sexuality.

These two suggestions can help you avoid unconsciously imposing your values about particular sexual issues on others.

1. Participate in a program first so you can work on clarifying your *own values.* This process will help you get in touch with your own areas of discomfort so you don't unconsciously avoid discussing sensitive issues. Once you clearly know what kind of sexual behaviour you're uncomfortable with, learn the facts about it. It is important that you be accepting of different varieties of sexual expression, however you choose to express your own sexuality. Clarifying your own values and getting the facts can keep you from letting your own opinions and attitudes interfere with your facilitation. Do not follow the example of the person who said long ago "All the world's odd except me and thee and sometimes I wonder about thee."

2. *Become familiar with some general (universal) values on which the program is based.* The most important of these is that sexual behaviour of any kind must be mutual. Coercion is not allowed! Following are some examples of others. They can be called a Bill of Rights for parents and kids. You can distribute these as a handout to parents.

BILL OF RIGHTS FOR PARENTS WHO WANT TO BE EFFECTIVE SEX EDUCATORS

1. Mothers and fathers should both be involved in the sex education of their children.
2. Parents have a right to set standards of conduct in the family.
3. Parents have a right to privacy and time alone together.
4. Children have a right to facts about sexuality.
5. Children have a right to discuss sexuality with their parents.
6. Children have a right to privacy.
7. Children have a right to learn how to make their own decsions.
8. Children have a right not to be touched when they don't want it.
9. Children should not be punished for their feelings.
10. Parents have a right to adequate support services.

D. SESSION OUTLINES

Each session outline contains group exercises and presentations that you can use to help focus the discussion on a particular topic. The guide is designed so that each session corresponds to a particular chapter or chapters in *Shared Feelings*. For instance, Session 1 goes with the book's Introduction; Session 2 goes with Chapters 1 and 2.

You don't have to use everything in the guide and you don't have to follow the order given. Just use what is going to be most meaningful for your group. Some groups may get together for all seven session or even more; others will want to meet for only two or three.

Don't be rigid about following the guide exactly as it is presented. For instance, you may be discussing sexual development (Session 2) and someone says he is really worried because his daughter tries to hug everyone who comes to the door. Several others say they have a similar problem. Everyone is interested and the discussion is animated. This is a good opportunity to strike while the iron is hot. So you can use the "steps to teaching social skills" from Session 4 and work on strategies for changing this behaviour.

Remember: The session outlines are guidelines only. Although you may wish to stick to them at first, once you gain some experience, try using them less and less and instead be guided by what is happening in the group from moment to moment. In other words, learn to "go with the flow".

What Parents Say About the Group Process

> *I wasn't sure I wanted to go to the program. I was never much for school, only went to Grade 8. I thought this program would bring back bad memories about school. But right from the first it was a lot different. The group leader expected us to say what we wanted to talk about. In fact she had us talking all the time. It sure was different from school. I looked forward to it every week.*
>
> —— A father

> *We got quite close to one another. It was such a good feeling. We could talk about anything.*
>
> — A mother

> *Our group was terrific. We only had four sessions but we got everything done anyway. Our group leader kept us on track and we kept each other on track. Did we ever work hard! It was great.*
>
> — A grandmother

References

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Session One
INTRODUCTION

This session corresponds to the Introduction in Shared Feelings. The goal is to introduce parents to the sessions.

OBJECTIVES

1. To help parents get to know one another.
2. To give parents an opportunity to share their current challenges and concerns about parenting a child with a mental handicap.
3. To give parents an opportunity to make a list of the issues they wish to discuss in the sessions.
4. To establish a group contract, that is, to decide as a group which topics will be covered and to set the "rules" for how the group will work together.
5. To define sexuality and sexuality education.

SESSION 1 OVERVIEW

TOPIC	TYPE OF ACTIVITY	PAGE
1. Introduction to Course	Presentation	24
2. Interview	Exercise	26
3. What Is Sexuality?	Exercise	27
4. What is Sexuality Education?	Presentation	29
5. The Relationship Ladder	Presentation	31

1. INTRODUCTION TO COURSE

Purpose: to introduce the facilitator, the format and the ground rules.

Time: 10 minutes

Procedure:

1. Introduce yourself. If all the parents do not already know you, give them some information about yourself and your family. Tell the group that you have attended a parent discussion group and explain how the group experience has helped you. State also that you have taken extra training to help you but that you certainly don't have all the answers. State that everyone is here to learn from one another.

2. Have each member of the group introduce him/herself and tell the group what name s/he likes to be addressed by and what community s/he comes from.

3. Explain the overall goals of the program and outline the topics that are included in a complete program. This will help parents know what to expect. Emphasize, however, that this is *their* program and the group can discuss whatever topics they decide together are most important to them.

4. Make a contract with the group. That is, establish with them, what the ground rules will be. If the group as a whole makes the rules, members will feel more committed to attending all the sessions. Also, they will take more responsibility for what happens in the group and not look to you for direction and for all the answers. Some areas in which ground rules are appropriate:

    a. Number of sessions: How many sessions will we have? How long should they be? Can we contract for more if we need to?

    b. Housekeeping: How shall we share responsibility for coffee, setting up the room and so on?

    c. Attendance: Explain how important it is for every one to come to all the sessions. When two or three people are missing, it leaves a big "hole" and the discussion isn't as much fun

d. Participation: Explain that there are many ways that people can involve themselves in the group experience. Participation can include listening, talking with one or two others, talking in the whole group. It is okay not to talk at times if they really feel uncomfortable about something. Here is a helpful suggestion to share with the group.
"If you feel most comfortable as a listener right now, make a contract with yourself that you will move one step to sharing with one or two other people. If you feel comfortable sharing information with one or two people, move one step to sharing information with the whole group".

e. Mutual Respect: Point out that every one in the group has some knowledge and experience to bring to the discussions. By sharing ideas and doing some problem solving together the group will become its own best resource. Tell them that you are there simply to facilitate the discussions. As parents, they are the experts on their own situations!

f. Confidentiality: Discuss the importance of confidentiality. What is talked about in the group stays in the group. No room for gossip here!

g. Privacy: Tell the parents that they can decide for themselves what they wish to share about themselves and their families. Reassure them that this is not a "group therapy" experience. If anyone is having problems that they do not wish to share with others, let them know that they can come to you. You will refer them to a counsellor for special help.

h. Values: Talking about sexuality includes sharing how we feel about sexual issues, that is, our values. Explain that, as group leader, you don't intend to tell people what values they should hold. In the sessions people will share facts about sexual issues and tips for teaching. They can then try them out in the context of their family values. Through listening to others and learning some new facts, parents can decide for themselves which values they have now that they want to keep and which they may decide to change.

Note: You may want to make the ground rules after the *Interview* activity.

2. INTERVIEW

Purpose: This is a warm-up activity. It gives parents a chance to get to know at least two other parents better and to share with one another the challenges of parenting a child with a disability.Parents also share the issues they would like to discuss in the program.

Time: 40 - 50 minutes

Materials: Newsprint, markers, copies of *Interview Questions.*

Procedure:
Give each parent a copy of the *Interview Questions*. Have them form groups of three. They should pick partners they do not know well, not spouses or close friends.

Parent 1 interviews parent 2 who interviews parent 3, who then interviews parent 1. They can "pass" on any question. Ask each group to appoint a recorder who will list their answers to question #8. on newsprint. When everyone has had enough time, have a volunteer from each small group share their group's expectations with the rest of the group.

Discussion points:

1. Point out the similarities in everyone's concerns and expectations.
2. Decide as a group, which topics should be covered first, which can wait till later and which ones the program will not be able to cover.

INTERVIEW QUESTIONS (Session 1, Handout #1)

1. How many children do you have?
2. What age and sex are they?
3. What is the nature of your child's disability?
4. What kind of supports do you have?
5. How did you decide to participate in this program? What

thoughts and feelings did you have when you first heard about the program?

6. What sorts of issues concerning your child's development worry you at this time?

7. What do you want for your child? What do you hope his/her situation will be by the time he/she is 25?

8. What would you like the program to cover? What topics would you like to know more about? For instance: making friends, social behaviour, teaching about menstruation, wet dreams, dealing with masturbation, dating, sexual relationships, sexual exploitation, etc.?

3. WHAT IS SEXUALITY?

Purpose: This is a " brainstorming " exercise" that helps parent begin to get comfortable talking about sexuality. It's generally a lot of fun.

Time: 20 - 25 minutes

Materials: Newsprint, marker.

Procedure:
1. Write sex, sexy, sensual and sexuality on newsprint.

2. Start with the word "sex". Ask parents to call out quickly all the thoughts and feelings that come to mind when they hear the word "sex". Write them all down under the word. Repeat for each of "sexy", "sensual","sexuality". Since this is brainstorming, they shouldn't spend a lot of time thinking before calling out the words and phrases. Add your own to the list, especially if the group is slow to get started. Here are some examples of words and phrases that some groups have listed.

Sex	Sexy	Sensual	Sexuality
male/female	good looking	soft	whole person
intercourse	legs	juicy	feelings
birth control	breasts, muscles	touch	love
fun	Cheryl Tiegs	silky	self - esteem
dirty	Tom Selleck	warm	values

Discussion Points:

1. What do you notice about the words under "sex"? Mention the fact that most of the words describe physical acts; some sound positive, others negative.

2. What do we mean by "sexy" ? Most of the words mean what is physically attractive and each of us has different preferences. What "turns us on" is influenced by movies and advertising and the culture we grew up in. What do you suppose is "sexy" for people who are visually impaired?

3. What is sensual? These words have more to do with touching and stroking. Mention that all of us need touching, stroking, hugs from someone. Although stroking may "turn us on" that does not mean we necessarily want sexual intercourse. Touching and hugging is necessary for our emotional well - being, maybe even for our survival.

4. What is the difference between sex and sexuality? Answer this question with the following information:

   "If we divide the word "sex/uality", we can say that "sex" refers to whether someone is male or female. "Uality" really means "total". Sexuality means all the parts of ourselves. For instance, we have a physical body that is either male or female. We also have a psychological part, a set of positive or negative attitudes about our sexuality. We have an emotional part that expresses feelings. We have an intellect, a brain that reasons and makes choices. For instance, we might be sexually attracted to someone but we have a certain set of values that can help us decide whether or not it would be a good decision to have sex with that person. We also have a spiritual self that is at the core of our being. We do not often think of our spirituality as being part of our sexuality, but, in fact, it is.

   If you were forced to pick only one of these "parts" to be all of you, which one would you choose? It's obvious that we cannot separate ourselves into bits. For instance, if I wanted to be pure emotion, I would not have a body to express the feelings with. If I wanted to be all physical, I wouldn't have a brain to help me make responsible decisions about my sexual behaviour. Sexuality is really the whole expression of ourselves as either male or female.

   "Recognizing what sexuality really is allows us to think about what sexuality *education* really means."

4. WHAT IS SEXUALITY EDUCATION?

Purpose: to define the three parts of sexuality education. To reasure parents that because they are conscientious parents, they are already giving good sexuality education, even if they have not yet given sexual information to their children.

Time: 15 minutes

Materials: Newsprint, marker, copies of the handout on the three parts of sexuality education.

Procedure:
Present the following information.

Sexuality education has three components:

1. Developing self-esteem;
2. Teaching social skills;
3. Giving information about our bodies and sexual feelings.

1. Developing Self-esteem.

Self-esteem means feeling unique and special, and, at the same time, feeling just like everyone else. It means being able to give ourselves a pat on the back. Look at the four parts of the circle. (Refer to Handout 2, Session 1.)

POWER

This does not mean having power over someone else but having some control over your life. It means learning to make some decisions for yourself, beginning with the little ones like choosing which shirt to wear today or whether you'd like to go shopping or to a movie. How often do we give our children the chance to make choices? Power also means being able to succeed at something, like running a race, having a job we like and do well.

ROLE MODELS

Children learn things by watching us. For instance, if we, as parents, treat each other with respect and affection, then our children will learn that men and women are supposed to treat each other honestly and kindly. If we also hug and kiss one another in front of the children, they will learn that love and touching go together.

CONNECTEDNESS
All of us need special friends. All of us need at least one person we can get hugs from. Someone has said that we need four hugs a day to survive, eight to feel good and twelve to really get some joy out of life!

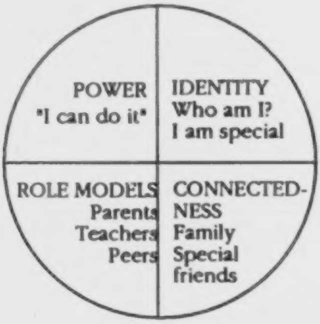
IDENTITY
All children need to feel they matter. We need to tell them often about their qualities and achievements not just point out their mistakes. Linus says it best.
(Read the Peanuts cartoon, Handout 3, Session #1).

2. Teaching Social Skills.
Learning to socialize includes skills for carrying on a conversation; making and keeping friends; learning the art of "dating"; learning what kind of behaviour is okay in public and in private.

3. Giving Sexual Information
Young people need simple, specific information about their developing bodies and feelings. In fact, self-esteem really gets a boost when you simply let a child know that his or her body and feelings are normal and part of being a man or a woman.

SEXUALITY EDUCATION IS: (Session 1, Handout #2)

1. SELF-ESTEEM



2. SOCIAL SKILLS: HOW TO MAKE FRIENDS, MAKE CONVERSATION, LEARN THE GIVE AND TAKE OF RELATIONSHIPS

3. SEXUAL INFORMATION: ABOUT CHANGING BODIES AND SEXUAL FEELINGS. THE MESSAGE IS: "I'M NORMAL".

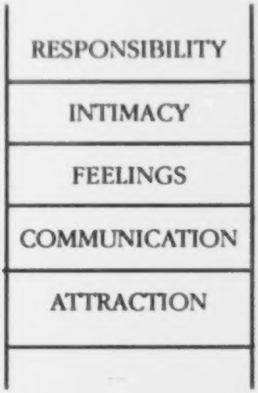
5. THE RELATIONSHIP LADDER

Purpose: This presentation summarizes what is meant by sexuality and sexuality education by giving us another way of looking at the process of learning about sexuality and relationships. It also sets the tone for talking about sexual development in more detail in Session 2.

Time: 15 - 20 minutes

Materials: Newsprint.

Procedure:
Draw a ladder on newsprint and present the following information, asking the parents for input.



We can look at our child's growing up socially and sexually as climbing the steps on a ladder. This learning is really about how to form caring relationships with others. Let's look for a moment at how any close relationship develops from first meeting to lasting commitment. For instance, when two people first meet, what is it that draws them together?

ATTRACTION
This is the "spark" that brings two people together. There is something about the way someone looks, or their personality, or their abilities, that says to us "I'd like to get to know him or her". What is the next step? If the relationship is going to go anywhere, what do two people have to do next? They have to talk to each other!

COMMUNICATION
What is communication like at first? It's tentative; we stick to safe topics like the weather, or what we do for a living. It's social chit - chat. We don't get very personal until we have a feeling that we could be good friends. What kinds of things do we share as we get closer to someone?

FEELINGS
We begin to share feelings, to share a little of our personal selves with one another. As we share more and more "secrets", what may develop?

INTIMACY
We often call this step "love". Ideally, people who love one another, accept one another, warts and all. They can give and take equally in the relationship. They can share deep feelings with one another, both joys and sorrows. They feel "committed" to one another.

RESPONSIBILITY
Finally, we learn to care for one another enough so that we take care not to hurt one another. Responsibility actually means "an ability to respond".

How can we apply this ladder concept to teaching our children about relationships? Let's refer back to our model for sexuality education.

ATTRACTION
We start where the child is. We begin at the beginning and help them climb step by small step. First we provide a firm foundation of self-esteem. How? We give them knowledge about their bodies and feelings and help them accept themselves as special and also just like other people.

COMMUNICATION
We teach them how to get along with others, in small steps. We help them learn how to carry on conversations. We give them the opportunity to develop friendships; we help them find interesting hobbies so they have something to talk about. We teach them the things it is okay to talk about with strangers, with friends, with close family. We teach them who they can hug and who they should not hug.

FEELINGS
We help them learn to identify and feel good about all their feelings. It's O.K to feel happy, sad, angry, or scared. It's also O.K to have sexual feelings. *All* of our feelings are part of being a boy or a girl, a man or a woman.

INTIMACY and RESPONSIBILITY
Some of our sons and daughters will be able to live more independently than others. One young adult may be able to handle the responsibilities of dating and marriage or a relationship that includes sexual intercourse. Another may simply want a close friendship that includes hand-holding and hugging. Still another will be able to cope with and feel happy socializing in a group. Everyone is different. Our task is to give them the skills to climb as far as they are able to go.
Remember: *Everyone* needs and wants emotional and physical closeness with others.

In fact, during the rest of our sessions together, we will be discussing ways to help our kids develop the skills to climb as many steps of the ladder as they can.

For The Next Session

Suggest that for next week, parents read Chapters 1 and 2 of *Shared Feelings* and do the exercise on page 20. Most couples find this fun. Many tell us that they got to know their partner in a whole new light! They had never really talked about sexuality in this way to each other before.

What Parents Say about Session 1

> *I never thought about sexuality in this way before. It puts a whole new light on things.*
>
> *When I found out that I was the only man in the group, I thought "Oh no; I'm not coming back." I really felt nervous. But once we got talking about ourselves and our kids, it was fun. I discovered I had a lot to contribute from a male point of view.*

I "interviewed" a parent whose child had Down syndrome, just like ours. We had so much in common.

I discovered that a parent in my small group was worried about masturbation and didn't know how to help her son. We had already been through that and found a way to teach our son about privacy. I shared it with her. She was so relieved. It was good to be able to offer something to someone else.

Suggested Reading

Simons, R. (1985). *After the Tears: Parents Talk About Raising a Child with a Disability.* New York: Harcourt, Brace, Jovanavich

The G. Allan Roeher Institute (1986). *The Family Book: A Resource for Parents Who Have Learned That Their Child has a Mental Handicap.* Toronto.

Session Two

HOW DO YOU FEEL? PUTTING SEXUALITY INTO PERSPECTIVE

This session corresponds to Chapters 1 and 2 of *Shared Feelings*.

OBJECTIVES

1. To discuss the factors that influence the development of our attitudes toward sexuality.

2. To discuss the process of sexual development from childhood through adulthood.

SESSION 2 OVERVIEW

TOPIC	TYPE OF ACTIVITY	PAGE
1. Who We Are Now is What We Were When	Small group discussion	36
2. Sexuality Education and Sexual Development: Fact and Fancy	Quiz	39
3. Sexuality in the Life Cycle	Slide presentation	42
4. Attitudes to Sexual Behaviour	Homework	53

1. WHO WE ARE NOW IS WHAT WE WERE WHEN

Purpose: To help parents clarify how personal attitudes about sexuality develop by sharing anecdotes from childhood. Since childhood memories are from the past, sharing them is a safe way to start becoming comfortable discussing sexual issues in a group.

Time: 20 - 30 minutes

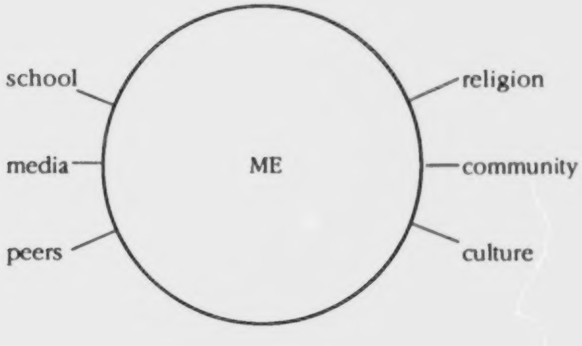
Materials: newsprint, marker

Procedure:

1. Draw an " Attitude wheel" on newsprint. Say " We are all *born* with sexual instincts. However, we *learn* our sexual attitudes. The circle represents me, or us and the spokes represent influences on how we feel about our sexuality, that is, our sexual attitudes. Can you name some of these major influences?"

2. Write parent responses on the spokes of the wheel, as in the following example:

ATTIDUDE WHEEL



3. Share a little of your own "sexual history", that is, what messages you got as a child and where they came from. Start with one spoke from the attitude wheel. For example: parents. Share with the group how affection was expressed in your home, how your parents responded to your questions about "where babies came from", what the "rules" were in your home about dating and so on.

Move on to the "messages" about sexuality you remember receiving from church, school, peers, the media, how you felt about the emotional and physical changes of puberty. For example: "I remember not understanding what was happening to me. I thought I was the only one who felt strange and uncomfortable. I really wanted someone to tell me I was normal, like every other kid but I couldn't talk to my parents. I learned early that they were too embarrassed."

4. Divide parents into groups of three or four. Explain that they now have the opportunity to share similar remembrances with others in their small group. Explain the purpose of this discussion:

   "Sharing memories from childhood will increase our awareness of how we felt about sexuality as a child. This process can help us understand our present feelings about sexuality and about giving sexual information to our own children. It can help clarify some attitudes we might want to change and those we want to pass on or do not want to pass on to our children."

5. To help parents get started and to keep to the topic, the following questions can be used as guidelines for discussion. They are similar to those on page 20 of *Shared Feelings*. Put them on newsprint. Read the first question. Ask parents to reflect on the question, then, to share. After about five minutes, repeat the process with the next question and so on. Increase the time allotted for each question.

   - What feelings do you recall about being a boy or a girl? Did your parents expect different things of you than they expected of your brothers and sisters? If so, how did you feel about that? How did you feel towards children of the opposite sex?

   - What were your family patterns about talking about sex, nudity, hugging and touching one another?

   - When did you first become aware that you parents had sex? What feelings did you have?

   - What memories do you have of approaching adolescence, your body developing (or not developing when you thought it should)? What were your feelings at the time? Were you prepared for the changes?

6. Bring the group back together for a general discussion.

Points to discuss:

1. What "messages" about sexuality did you have in common with others? Would you say you learned as children that sex is a God - given gift or something to feel guilty and ashamed about?

2. How do these early experiences and learnings influence how we deal with the sexuality education and behaviour of our children?

3. What would you like to do differently with your own children?

Continue with:

> " We've talked about how our own early learning affects our feelings and attitudes about sexuality. Our 'scripts' influence how we talk about sex with our kids, the attitudes we put across. It is important to mention that family functioning also affects how we approach sexuality education with our children.
>
> "It is very common for parents of children with special needs to experience one or more of the following types of stress: guilt, chronic sorrow, family stress. You will have read about these in *Shared Feelings* during the week. Could you identify with any of the points made about, for instance, guilt, the idea of chronic sorrow? What parts had meaning for you ?"
>
> Give permission to share by talking about points you yourself can identify with concerning these issues (Chapter 1, sections on chronic sorrow and guilt, pages 5 - 10).
>
> **Note:** Parents involved in the Maritime Parent Sexuality Education Project welcomed having these issues raised in the group. Discussions about guilt, chronic sorrow and the stresses of raising a child with a handicap gave them "permission" to share what many felt but were scared to mention. Knowing that almost every family experiences these stressors to some extent helped them feel "normal". Reading Chapter 1 and sharing feelings even helped lessen the stress!
>
> Parents spend much time listening to the often conflicting

advice of professionals on how they ought to handle their child. They can often feel inadequate and discouraged and may need an opportunity to discuss such common feelings. The support of the group can be reassuring and help them put their feelings and parenting experiences into perspective.

At the same time, it is important to remember that these groups are not for therapy. Should a parent mention serious marital problems, it is useful for you to say,"Many people find that raising a child with a handicap leaves us little time for each other. It is pretty common." (See notes on facilitating group discussions). You might speak privately to the parent and suggest counselling. It is good to know that it is a fact of group experience that groups generally only reveal and discuss what they feel comfortable with. In other words, group members only let you in as far as they feel safe.

2. SEXUALITY EDUCATION AND SEXUAL DEVELOPMENT: FACT AND FANCY

Purpose: This quiz sets the tone for the presentation on sexual development. It summarizes in a way that is fun, some of the wrong ideas about sexuality and mental handicap that may worry parents.

Materials: quiz sheets

Time: 20 minutes

Procedure:
Hand out copies of the quiz on the next page to each parent. Say,"Tonight we are going to go over how our kids develop sexually as they grow up. To start things off in a way that is fun, I'd like you to complete this quiz. Just mark T for true or F for false beside each question. This is *not* a test, just a way to help us start thinking about some facts about sexual development, and discuss some of the ideas that people have had over the years about sexuality and mental handicap."

(**Answers:** 1. T, 2. T, 3.F, 4. F, 5. T, 6. F, 7. T, 8. F, 9. F, 10. T., 11. F., !2. T, 13. T. They are expanded in Chapter 2, pages 17 - 26.) Ask participants to share their answers.

Discussion points:

1. How do you think many of the wrong ideas about sexuality and mental handicap (page 26) have developed? Which statements would you like to talk about further?

Then say, " Now we have some slides that will help us take a closer look at the issues raised by the quiz.".

(The quiz was compiled by Jan Morrell)

SEXUALITY EDUCATION AND SEXUAL DEVELOPMENT: FACT AND FANCY (Session 2, Handout #1)

(Place T for true or F for false beside each statement.)

____1. It is normal curiosity for 5 year olds to look at each other's genitals.

____2. Sexuality education happens at home even if you're careful not to talk about sex in front of the kids.

____3. People with mental handicaps act much younger and are so childlike that they should be protected from sex.

____4. One problem about talking with kids about sex is that it will make them go out and try it.

____5. It is fairly common for 12 or 13 year olds to try out some sexual touching with a friend of the same sex.

____6. People with mental handicaps are more likely than others to molest children so they need to be watched carefully.

____7. Nowadays the average age for a girl to have her first period is 11 - 12.

____8. Be careful not to tell a child too much too soon or you could do some harm.

____9. People with a mental handicap find it hard to control their sexual urges, so they masturbate more often than others.

___10. People with a mental handicap develop physically at about the same age as other kids their age.

___11. Making sure that kids fit the role of being a boy or a girl is very important to their well - being.

___12. Puberty for boys begins, on average, about 2 years after girls.

3. SEXUALITY IN THE LIFE CYCLE

Purpose:
This slide presentation gives a short overview of social and sexual development from birth to death. It explains how children learn about their sexual selves. It emphasizes that children with a mental handicap go through the same process as any child but that living behind a "label" may affect their opportunity to have the same social experiences as everyone else. Explain also that children who learn more slowly may need some coaching to learn what behaviour is expected in social situations.

Materials:
A set of 35 slides (These can be borrowed from the Canadian Association for Community Living, Nova Scotia Division; New Brunswick or Prince Edward Island Association for Community Living. Addresses for these associations are located in the reference section of the discussion guide); script (as follows); newsprint and marker.

Time: 30 minutes

Procedure:

1. Present the material in Handout 2, Session #2 . Write each of the four concepts on newsprint.

2. Introduce the slide presentation on sexual development by saying " Let's have a look at the stages of sexual development".

3. Show the slides, using the script, *Sexual Development* The script is based on the information in Chapter 2, pages 21 - 29.

CONCEPTS IN SEXUAL DEVELOPMENT (Session 2, Handout #2)

Sexual development is part of social and psychological growth. It involves four concepts.

1. BIOLOGICAL SEX. This refers mostly to the plumbing; it simply means that a person is male or female. When a baby is born, you look at the child's genitals; if you see a penis, it's a boy, a vulva, it's a girl. The plumbing also includes the baby's internal reproductive organs. Most babies are clearly male or female.

There are a few exceptions. For instance, a baby may be born that is genetically a male but the external genitals may look female. This condition is called hermaphroditism and it is quite rare.

2. GENDER ROLE. This refers to the kinds of behaviours that our culture says belong to males and those that belong to females. For instance, boys play war games; girls play with dolls. Boys don't cry; girls do. These expectations, fortunately, aren't as rigid as they used to be. However, sex role stereotypes are slow to change and people who don't fit in can suffer if they feel different from others, especially if they are teased by peers.

3. GENDER IDENTITY. This refers to a person's private sense of feeling male or female. It is different from gender role. Gender identity is a feeling; gender role is behaviour - how you act.

4. SEXUAL ORIENTATION. This refers to whether one is heterosexual, homosexual or bisexual. No one knows how sexual orientation is decided. Most people are attracted emotionally and physically to the opposite sex. Some are attracted to both sexes and are called bisexual. A few are attracted emotionally and physically to the same sex and are called homosexual. Sexual orientation is different from gender role. Most gay men and lesbian women identify clearly as male or female. The stereotype of the gay man being effeminate and the lesbian woman being tough are wrong ideas.

Remember: Everyone is unique. Each of us develops a gender identity, a gender role and sexual orientation that feels right for us.

SEXUAL DEVELOPMENT

Birth - 2 years

Slide 1 mother nursing infant
Learning about sexuality means being cuddled, held, stroked by parents and caretakers.
We are born with sexual responses. Any touch is pleasurable. One example is breastfeeding.

Slide 2 father holding infant
Another is being held in a parent's arms. Lots of touch gives babies

a sense of safety, of trust in others. Cuddling teaches children about giving and receiving good feelings, about physical love. It is interesting to know that boy babies have erections and female babies experience vaginal lubrication. These are both signs of sexual responsiveness.

Slide 3 two baby shoes, one with blue, the other with pink laces, perched atop a pregnant abdomen
Learning about sexuality means finding out what it means to be a boy or a girl.
When a baby is first born, we ask, "Is it a boy or a girl?" From that moment on, we begin our sex role training. We treat each sex differently. This includes how we dress children, how we talk to them, how we play with them, what we let them do, even how we hold them. What are some of the differences you can think of?

Slide 4 nude child, outstretched, smiling
Learning about sexuality is being curious about your body.
One of a child's first tasks is to develop a self concept. Children love to be nude and are fascinated by their bodies. When babies discover their fingers and toes or poke their belly button, we think it's cute. But when they discover their penis or vulva, we may react quite differently. Kids need to feel comfortable with all parts of their body. Children who learn more slowly may need extra help. In front of a mirror you can teach them the names for all their body parts, including penis or vulva.

Most children also learn about masturbation at this age. It is normal for a small child to find pleasure in his or her own body. It is part of normal growth and development.

Ages 3 to 7

Slide 5 father and son digging in the garden
At this age children begin to be aware of sex role differences.

Slide 6 mother and daughter; daughter resting her head on mother's shoulder
Kids imitate the behaviour of the parent of the same sex. By the age of 3 to 5, a child has a firm sense of being a boy or a girl.

Children also start to see themselves as independent people and fiercely demand to do things for themselves.

Slide 7 preschoolers looking at a book together and **Slide 8** class of young children

Children need to be with other children their own age. They also need lots of chances to try things for themselves. This helps them develop a sense of being capable and of having some control over their world.

Slide 9 children in "dress-up "clothes
We think it's cute when children play at being Mommy and Daddy, trying on or rehearsing adult roles.

Slide 10 small children examining a nude statue
But what happens when they engage in sex play: exploring each other's bodies, sometimes imitating sexual acts? These games are simply the child's way of learning important knowledge about the bodies of other children. Some children with handicaps who have not had as much chance to play with others, or whose play is highly supervised, miss out on the usual opportunities for sex play that most other kids get involved in.

Slide 11 group of young boys and girls
Learning about sexuality is running, playing, wrestling with friends in the neighbourhood
By 5 or 6, children play mostly with other kids of the same sex.

Slide 12 two boys playing with a toy
Many children have a best friend and are always together.

Slide 13 two children at a "sleepover", laughing
Being together may include some curious peeking and sexual touching. Children of school age usually find out that adults don't appreciate what they are doing. So they play doctor games to hide what they are doing. Children with mental handicaps have more difficulty picking up the idea that adults don't approve. So they are less apt to hide it.

What do they need to know? By this age kids should be able to identify their body parts by name or by pointing. They also should know the difference between boys and girls. At this age it's good to start teaching them that "private" parts of their bodies are kept covered in public places. We'll talk more about the idea of "public" and "private" later.

Ages 8 - 12

Slide 14 two boys with arms around each other
At 11 or 12, as sexual feelings begin to emerge, two best pals may

feel some sexual attraction for one another. Often sleepovers provide the opportunity for girls to compare breast size, boys penis size. Such play is a normal part of growing up.

Slide 15 group of boys in bathing suits
Learning about sexuality is coming to terms with the physical changes of puberty and wondering "Am I normal?" Each child's timetable for experiencing the physical and emotional changes of puberty is uniquely his or hers. When their bodies start to change, kids become more modest and want privacy. Signs on bedroom doors that say "keep out" are common!

Slide 16 group of girls in bathing suits
Girls are about 2 years ahead of boys but there is a lot of variation. A girl's first period usually happens at 11 or 12, but can happen anywhere from 8 to 16. Boys may have their first wet dream around 13 to 15, sometimes around 11 or 12. It is important to note that with a few exceptions, young people with mental handicaps develop sexually at the same ages as their peers.

By this age most kids masturbate to orgasm. Children with a mental handicap do *not* masturbate more than others. They may simply not know that such activity is private. Most children have sexual fantasies. Lots of young teenagers have crushes on a favourite adult, a teacher or a rock star, for instance.

Slide 17 boy pouring water down inside a girl's T - shirt
Relationships with the other sex are often teasing ones. Kids pull at bra straps, call one another and then hang up and so on.

What do they need to know? More than anything else at this age, kids need to know that they're normal! They need to know about the changes happening in their bodies, about menstruation and wet dreams. They should know that masturbation is private. They also need to know what kind of touching is okay and not okay with others.

Ages 13 -17

Slide 18 girl sitting alone, reading
While they are getting used to their changing bodies and feelings, young teens become very preoccupied with what is happening to them. They experience wide mood swings and their self - esteem may take a dive. Some may feel very lonely.

Slide 19 boy and girl sitting talking with one another
Young people who don't have a lot of friends and are feeling left out need to know that having just one good friend is fine.

Many young people are beginning to be sexually attracted to others, usually to the opposite sex, sometimes to the same sex. As you can see from the slide, young teens can be very shy with one another. Does this bring back memories of your own of this age?

A sexual attraction or experience with someone of the same sex does not mean homosexuality. However, a few young people do know by this time that they may be gay. Many others experience some confusion about their sexual orientation.

Slide 20 three girls all hugging one another
Friendships and the peer group are very important at this age. Kids are yearning for independence and there is often a tug-of-war with parents as young people want to assume more responsibilities and make their own decisions. Teenage rebellion symbolizes the search for one's identity. Kids are asking themselves, "Who am I? What can I be?"

Slide 21 teenage boys all dressed alike
But the search for identity is ironically accompanied by a need to belong. Young people want to wear the same clothes, have the same hair style, like the same music and so on.

Slide 22 group of teens skating
Teenagers need to feel they belong to a group. They are learning the give and take of relationships, what behaviour is okay in public and in private, first by socializing together in groups...

Slide 23 boy and girl hugging one another
....then with one special boy or girlfriend. They are learning to express feelings and cope with powerful emotions, developing the capacity to love and be loved. They worry about "how far to go". The process of developing a personal code of sexual values begins.

What do they need to know? At this age, kids need to know how relationships develop, who it is okay to hug and touch and who it is not, how to handle sexual feelings, the difference between love and sex. Unfortunately, many get "mixed messages" about sex. Parents and schools may say nothing or give warnings about sex, while the media sells sex as the most important part of a relationship.

Older teens and young adults

Slide 24 young man and woman sitting together
By the late teens or early 20's, young people are developing an individual identity and the peer group is less influential. There is more coupling up. Often, young males and females attach different meanings to lovemaking.
Slide 25 young man
Boys are more concerned with the physical aspects of sex; they are more detached from their feelings.

Slide 26 young woman
Girls think more in terms of love and romance, marriage and babies and less about the physical excitement of sex. Do we see the effects of sex role learning?

Slide 27 a woman counselling another woman
What do they need to know? Many young people need help in learning how to build relationships. This includes information on sexual exploitation and assault; how to prevent it; what to do if it happens. They also need to know about pregnancy, birth control, sexually transmitted diseases.

Slide 28 young woman, looking thoughtful
Learning about sexuality is learning about choices. Where do I want to live? What do I want to do with my life? At this age, there is a desire to live separately from parents. For people who learn more slowly, this may mean a supervised apartment or a group home. There are many choices to make about one's lifestyle.

Slide 29 woman, smiling
Some choose to live alone, with supports as needed.

Slide 30 woman sitting with man
Some live with friends in a group home

Slide 31 married couple
Some choose to marry; a few choose also to parent.

Slide 32 couple laughing together
Some choose to live together. As young people mature, they learn

to see love more realistically, as a commitment, involving mutual giving and taking.

What do they need to know? People making decisions about relationships need information about marriage and parenting, birth control.

Remember: However we choose to express our sexuality, all of us hope for emotional and physical closeness with someone.

Menopause and empty nest

Slide 33 middle-aged couple kissing
When kids leave home, partners have more time for each other. In mid-life, men and women often experience a crisis that sometimes includes a sense of loss and a temporary depression. Men may assess their life's work and regret ambitions not fulfilled. Once this period of "taking stock" is over, most enter the next life stage with renewed zest. Women previously very much involved in child-rearing may embark on a new career. Menopause, signalling changes in the reproductive system, arrives. Once it is over, many women view this new stage of life as a freeing experience. And remember that sexual expression need not stop at forty, fifty or even ninety!

Older people

Slide 34 older couple kissing
Most people are physically and sexually active. Some people say their relationship is more mellow or even spiritual. It may or may not include sexual intercourse but certainly lots of touch, cuddling and warmth.

Illness and dying

Slide 35 woman at husband's bedside
We remain sexual until we die. We always need touch. Physical touch is not only sexual but therapeutic during illness and the process of dying. So we end life as we begin it, as sexual beings.

(with contributions by Jan Morrell)

Points to Discuss:

1. What immediate thoughts and feelings come to mind ?

2. Chapter 2 states that we tend to look at childhood sexuality through "adult - tinted lens". What does this mean? What implications does this have for how we deal with our children's sexual development?

3. Chapter 2 states that we parents should celebrate our kids' signs of sexual awareness. What do think of this statement? Do you agree or disagree?

4. We've noted that children with mental handicaps develop sexually in the same ways as others. In what ways can the sexual development of a child with a disability differ from other kids? How come?

5. What makes it hard to "let go"?

Summary

"We've shared many feelings and ideas tonight. We've worked hard and everyone's contributions have been very valuable. Let's summarize by taking another look at the attitude wheel. We've discovered that most of us received mixed and confusing messages about sexuality as we grew up. Most of us eventually sort things out. What happens if we impose a disability on this picture?" (Draw an x over the wheel.) If we consider again the 3 parts of sexuality education,

1. **Self - esteem:** Children who have a mental handicap often feel left behind by their peers. They will learn to avoid new challenges, afraid of failing. So they need experiences of success and lots of encouragement.

2. **Socialization Skills:** We all learn appropriate social behaviour by watching others. If we don't have much experience being with others or if we learn more slowly, we'll have trouble picking up what behaviour is expected. We may not know how we appear to others and then get teased when we make mistakes. Also we could easily be victimized, not only sexually, but in other ways. We may let someone take our money; we could

easily be persuaded by someone to take "pills that make you happy" or otherwise be bullied.

3. **Sexual Information:** If we have problems getting around on our own, or have trouble sorting out the facts from all kinds of confusing information, we are really handicapped until we know what is going on. We could be frightened by our feelings or behave socially in ways that get us noticed, get us into trouble or lead to being victimized by someone.

When it comes to giving sexual information,there are two main principles for us to teach our kids:

> **1. When you want to touch yourself sexually, there are certain times and places for it.**
>
> **2. When sexual behaviour involves someone else, both people must want to touch and be touched. We may disagree sometimes about the particular values about sexual expression each of us wants to pass on to our children, for instance, whether masturbation is O.K., whether sex belongs only in marriage or not. But I think all of us would agree that when people choose to be sexual with someone, the choice should be mutual. No one has the right to exploit someone else's body or feelings for their own needs.**

For the rest of the sessions, we will be sharing ideas about how we can help our children feel good about themselves and learn social behaviour and sexual information that will help them grow up.

For The Next Session
Ask parents to read Chapter 3 in preparation for the next session. Also distribute copies of the following "homework" (one per person, not one per couple). Parents involved in the Maritime Parent Sexuality Education Project enjoyed this closer look at their attitudes about sexual behaviour in children and teens. It helped them talk about sexuality as a couple, often for the first time ever!

What Parents Say About Session 2

> *I really appreciated our discussion about guilt. I like the distinction between earned and unearned guilt. What a freeing experience!*

Could I ever relate to the idea of chronic sorrow! It helped me feel normal about my blue moods. How I wish we'd had this kind of support years ago.

We talked about the session all the way home in the car. We had been married 20 years and never talked about sex before! I think this program will help us talk about other things too.

I feel so much more relaxed. I never knew before that sex play between kids was normal. I'll be able to handle it better now.

Suggested Reading

Calderone, M. S., Johnson, E. W. (1988). *The Family Book About Sexuality*. New York: Harper and Row

Carrera, M. (1981). *Sex; the Facts, the Acts and Your Feelings*. New York: Crown

QUESTIONNAIRE ON ATTITUDES ABOUT SEXUAL BEHAVIOUR

Session 2, Handout #3

Purpose:
The purpose of this exercise is to help you explore your own attitudes about sexual behaviour; and for you and your partner to compare and discuss attitudes.

Procedure:
Fill in your answers; then complete the questionnaire as you think your partner would. Partners should do this separately, then compare answers.

If you don't have a partner, you may want to do the exercise anyway, but without filling in the second column.

Points to discuss:

1. Which questions aroused particularly strong feelings in you? In your partner?
2. Where did you misjudge you partner's opinions and attitudes?
3. Where do your feelings and your partner's differ significantly?
4. Are there any attitudes you would like to change? (either for yourself or for your partner)

ATTITUDES ABOUT SEXUAL BEHAVIOUR

Session 2, Handout #3

Record the one response that best reflects your feelings and the one you think reflects your partner's feelings.

	Your Answer	Your Partner's Probable Answer
1. Who should be responsible for contraception? a.man b.woman c.both		
2. Who should be responsible for children's sex education? a.father b.mother c.both d.neither		
3. For whom is masturbation O.K.? a.man b.woman c.both d.neither		
4. Who should initiate sexual activity? a.man b.woman c.both		
5. Sex belongs: a.no where b.in the bedroom c.anywhere inside d.anywhere where there is privacy e.everywhere		
6. Sex is appropriate: a.at night b.only in the dark		

7. Sex on T.V. makes me:
   a. angry
   b. curious
   c. entertained
   d. disgusted

8. Sex outside of marriage is O.K for:
   a. men
   b. women
   c .both
   d. neither

9. Session 2, Handout #3
   What activities do you think are okay for an adolescent girl to do in the following situations? Use a check mark (√) to indicate any activities that you feel are okay, and an (X) to indicate those you think your partner feels are okay.

	KISSING	PETTING	HAVING SEXUAL INTERCOURSE	NONE
If a girl and boy are friends				
If a girl and boy are going with each other				
If a girl and boy are in love				
If a girl and boy are planning to get married				

10. What activities do you think are okay for an adolescent boy to do in the following situations? Use a check mark (√) to indicate any activities that you feel are okay, and an (X) to indicate those you think your partner feels are okay.

	KISSING	PETTING	HAVING SEXUAL INTERCOURSE	NONE
If a girl and boy are friends				
If a girl and boy are going with each other				
If a girl and boy are in love				
If a girl and boy are planning to get married				

11. Do questions 9 and 10 again, this time with reference to a boy or girl who has a mental handicap. Do you notice any differences? What reasons can you give for the differences?

Session 3
BOOSTING SELF-CONFIDENCE

This session corresponds to Chapters 3 and 4 of *Shared Feelings*. The overall goal of this session as well as of Sessions 4 and 5 is to help parents develop methods to increase their children's self - awareness and improve their self - esteem. There are two sections: Section A is based on Chapter 3, *Listening and Talking;* Section B is based on Chapter 4, *Teaching Social Skills.*

Why is self - esteem so important? Because how children feel about themselves influences how well they handle all parts of their lives, including their relationships and their sexuality.

Planning Note:
There is a lot of material presented in this session. All of it is pretty important. However, it is anticipated that some of the topics will have more meaning for some groups than for others. You may wish to divide this session into two or to plan an all - day Saturday session.

OBJECTIVES

Section A

1. To teach parents specific methods for helping children learn to identify and express feelings.

2. To practice the communication skills of listening and responding with empathy and giving feedback.

Section B

3. To demonstrate a method for teaching social skills.

4. To teach problem - solving skill.

SESSION 3 OVERVIEW

TOPIC	TYPE OF ACTIVITY	PAGE
1. Learning About Feelings	Discussion	59
2. What is Communication	Discussion	60
3. Empathic Listening	Exercise	62
4. Dealing With Your Feelings: Giving Feedback	Exercise	67
5. Feeling Good Card Game	Exercise	70
6. How Do You Communicate	Homework	72
7. Greetings and Polite Conversation: Solving the Who to Hug Question	Presentation	74
8. Teaching Public and Private Places	Discussion	75
9. Teaching Social Skills Step by Step	Discussion	75
10. Teaching Assertiveness	Discussion	77
11. Teaching Decision - making	Discussion	78
12. How to Use Role Play	Guidelines for Group Leader	81

A. LISTENING AND TALKING

1. LEARNING ABOUT FEELINGS

Purpose: To help parents teach their child how to label and express feelings appropriately and to reassure their child that all of his or her feelings are normal.

Materials: Pictures depicting feelings. These can be from children's books on feelings or cut from magazines and mounted on construction paper.

Time: 15 minutes

Procedure:
State that the group will discuss ideas for encouraging their child's ability to identify and express emotions. Give some reasons why teaching kids about feelings is so important, using the points from the section on feelings in Chapter 3. Children need to learn:

1. That their feelings are normal and acceptable. Self - awareness increases.
2. How to express feelings in ways that won't hurt themselves or others.
3. That others have feelings too. Learning about one's feelings is the basis for learning the give and take of friendship, in other words, how to be a good friend.
4. That knowing what they are feeling about a situation is the first step towards making their own decisions and solving their own problems.
6. That when they say what they feel, parents understand better what the problem is.
5. To speak for themselves.

Discuss the ideas in Chapter 3 for teaching about feelings. State that it might be necessary to begin with very simply, for example, by making faces yourself and naming the feeling.

Demonstrate some of the ideas in the following way: Pretend to be a parent and have the group members respond as if they were their own children. Here is an example. Hold up a picture that shows someone expressing happiness. Ask the group the following questions

- What is happening in the picture?
- How does this person feel? How do you know?
- Why might she be happy?
- What makes you happy?
- Show me how you look when you're happy.

Invite parents to share their own ideas and to demonstrate how they have used them with their children.

2. WHAT IS COMMUNICATION? INTRODUCTION

Purpose: to introduce the communication skills activities.

Time: 5 minutes

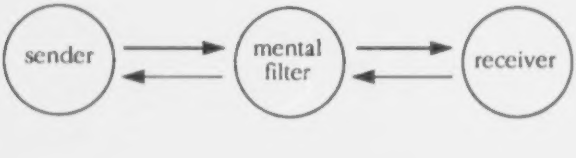
Materials: newsprint and marker

Procedure:
Present the ideas in Chapter 3 in the section *Talking and listening that helps kids feel good* as follows:

Recognizing and accepting our children's feelings is the first step. Next we need to talk about how we can listen and respond when children talk about their feelings.

How come? Because the way we talk to each other has a strong influence on how we feel about ourselves. In turn, how we feel about ourselves influences how we talk with others.

What is communication? It is all the ways, both verbally and non - verbally that we pass information to each other. Here's how an exchange of information looks. In every communication there is a sender and a receiver. The sender talks to the receiver who listens and understands and in turn talks back to the sender. Sound simple? Not really, because all communication passes through our "mental filters".



Our mental filters are full of a lot of old tapes, that is, our feelings about ourselves and the person we are communicating with, our needs, our roles, our values and attitudes, our belief systems learned in childhood in our families. Can you think of some of these? Here are some examples.

1. **Old tapes that trigger feelings from our own past.** For example: Our child is often bullied by others. His pain and feelings of rejection trigger memories of our own experiences of being victimized and feeling powerless to deal with it. See example on page 34 - 36, Chapter 3 .

2. **Sex role stereotypes.** We believe boys shouldn't cry; they should be tough. Our son cries often when he's upset and we don't like that quality in him.

3. **Assumptions about relationships.** For example a husband hardly ever says "I love/appreciate/care about you". His wife assumes he "takes her for granted". He assumes that because he works hard to help support the family, that she *knows* he loves her. He shouldn't have to tell her.

How do our "mental filters" affect how we communicate?

We communicate in ways that make ourselves and our partner or child or friend end up feeling stupid, incompetent, rejected, worthless. What are some of these patterns? Let's look at the list on page 34 of Chapter 3. Can you remember examples from childhood? (Ask group members to call out some that they remember hearing as they grew up in their families).

These responses are communication stoppers because they chip away at our self - esteem. The message is "My feelings don't matter. Maybe I don't matter".

Note: Take kids' feelings seriously. If children know that all their feelings, positive and negative are O.K., they will feel free to let us know about things that have happened to them without fear of being judged or belittled. Having their feelings validated helps them learn to trust their instincts about people or about things that happen to them. They will then be more likely to tell you if someone victimizes them sexually.

What can we do differently?

Let's look at 3 communication skills that validate feelings and enhance self - esteem.

1. Empathic Listening
2. Giving feedback with I - messages
3. Giving feedback with specific encouragement.

(The concept of "mental filters" was suggested by Joanne Marriott - Thorne.)

3. EMPATHIC LISTENING

Purposes: To help parents recognize responses that inhibit open communication with their children. To practice empathic listening.

Time: 20 minutes

Procedure:
Explain that empathic listening is a technique which involves recognizing the feelings behind what children are saying, then summarizing and feeding back what they are saying.

Listening Empathically:

1. Encourages your child to think through and resolve his/her own problem or concern. Helping your child identify his feelings should be the first step in problem solving.

2. Demonstrates very clearly that you are listening and interested and accepting of his feelings.

3. Gives your child an opportunity to correct you if you have misunderstood something.

4. Provides a sort of mirror for the child to see himself or herself more clearly.

5. Helps you separate your feeling from your child's so you are both freer to work on his problems. *This is probably the most important benefit.*

Let's look at the example in Chapter 3 again.

Ask for volunteers to take part in the following role plays. You will need four people: two to play the part of a child and two to play the part of parents. Put the following instructions on 3 x 5 cards.

Instructions for child

1. Read your part and let your "mother" respond. Note how each response makes you feel.
2. Identify the empathic listening responses - those that help you open up and talk more.

Instructions for mother

1. Respond to your child Ruth's statements using responses A, B,C, one at a time.
2. Try to feel what happens to the child with each response. Identify the empathic listening responses - those that help the child open up and talk more.

You'll need two scripts, one for the "mother" and one for the "child". Have the pair role play in front of the group.

Repeat the same procedure, this time using a father and child. Put the following instructions on cards.

Instructions for child

1. Read your part and let your "father" respond. Note how each response makes you feel.
2. Identify the empathic listening responses - those that help you open up and talk more.

Instructions for father

1. Respond to your child George's statements using responses A, B,C, one at a time.
2. Try to feel what happens to the child with each response. Identify the empathic listening responses - those that help the child open up and talk more.

You will need two scripts, one for the "father" and one for the "child". Have the pair role play in front of the group.

For more practice: Have parents volunteer some empathic listening responses to a few of the statements in the handout, *Empathic Listening Handout*.

Discussion points:

1. Go over the communication stoppers in Chapter 3, pages 33 - 34. What kind of response matches A, B, C, of role plays? How does the child feel? What is the likely result? What makes it

hard to use empathic listening? How can you make it comfortable for you?

2. When is it appropriate/not appropriate to use empathic listening?

3. Summarize as follows:
" Empathic listening gives permission for *feelings,* not *actions.* Obviously, some behaviour must be limited. Giving guidance is important. If we first acknowledge feelings, the child can, with our help, solve her own problems. We'll talk more about problem - solving later." Refer parents to the story of Kate and Stephen in Chapter 3.

EMPATHIC LISTENING ROLE PLAY SCRIPT (mother/daughter)

Ruth:
1. "Mom, they told us at school today that we are all going to have to start taking gym 3 days a week. It was bad enough taking it once a week and now they're adding more time."

Mother:
A. "You ought to be happy to get all that exercise."
B. "When I was your age I used to love gym."
C. "You sound really upset to have gym more often."

Ruth:
2. "Yeah, they make us wear these dumb, baggy, blue shorts that look so stupid."

Mother:
A. "You could take the shorts in so they fit you better."
B. "You really are a complainer today."
C. "So you really dislike the shorts that they make you wear."

Ruth:
3. "Well, it's not just the shorts. Some girls really look good in their shorts, but I'm so skinny mine look terrible on me."

Mother:
A. "When you get to be my age you'll wish you were still that thin."

B. "You feel that your body is too skinny and unattractive, compared to some of the other girls?"

C. "If you spend more time fixing your hair and getting dressed in the morning you might look as good as the rest of the girls."

Ruth:
4. "Mom, I just worry sometimes that I'm never going to develop and have a nice shape."

Mother:
A. "You feel like it's taking forever for your body to really develop."

B. "The longer it takes the better!"

C. "Be happy that you don't have to deal with all the problems of womanhood yet."

Ruth:
5. "When am I going to develop, Mom?"

Mother:
(Respond in your own words!)

Source: Parent Sex Education Curriculum, MATHTECH, Inc.

EMPATHIC LISTENING ROLE PLAY SCRIPT (Father/son)

George: (coming in from school)
1. "Dad, I'm not going to school anymore. I hate it."

Father:
A. "I loved school when I was your age."

B. "You're really upset about school today."

C. "You have to go to school. You have to get an education".

George:
2. "Yah, today was the worst day."

Father:
A. "Why are you complaining about today?"

B. "You should have eaten breakfast this morning".

C. " Today was worse than the others".

George:
3. "Today was worse. Those Grade 9 boys call me a retard".

Father:
A. "Well just ignore them and if they do it again, hit them".
B. "Being called a name like that must really hurt!"
C. "Oh, everybody gets teased sometime".

George:
4. "I don't have any friends. People don't like me."

Father:
A. "Oh, don't say that. People like you. I do."
B. "You feel really left out. Who would you like for a friend? Perhaps you'd like to ask someone over".
C. Well if you talked more, they'd like you".

George:
4. "I like Jim. He talks to me at recess. But maybe he wouldn't come".

Father:
A. "You would feel bad if he said no. How about we practice asking Jim? I'll be Jim and you pretend to ask me over."

Source: Jan Morrell

EMPATHIC LISTENING HANDOUT (Session3, #1)

1. I wish I wasn't so fat.

2. The other kids pick on me at school all the time.

3. I can't wait for my birthday to get here.

4. I really like my new friend, Patty.

5. I love Jim; we get married and have a baby.

6.. My teacher loves me; he's my boyfriend.

7. I like learning about making babies, it's fun.

8. Sarah pretty girl; I like kissing her.

9. I good hockey player; I going to play with Wayne Gretzky when I grow up.

10. I get married and have a baby, like on *Another World*.

4. DEALING WITH YOUR FEELINGS.GIVING FEEDBACK: "I - MESSAGES" and SPECIFIC ENCOURAGERS

Purpose: To practice the tools for giving feedback.

Materials: "I-Message Practice" (Handout);

Time: 20 - 25 minutes

Procedure:
This exercise explains in more detail, the material on pages 30 - 32 of Chapter 3. State that you are going to practice feedback that comments on the child's behaviour, not on her worth as a person. Feedback can be both positive and negative. There are two types of feedback, *I - messages* and *specific encouragement*.

A. "I - Messages"

An "I-message" is a tool that parents can use to clearly communicate their own feelings to their children. It is a calm statement of how you react to a particular behaviour. "I-messages" can be either positive or negative. A "You-message" lays blame and conveys criticism. Here is an example:

1 In a nonblameful manner, describe the behaviour: "I see dirty clothes on the floor in your room"

2 State your feeling: "I feel resentful..."

3 State how the behaviour causes a problem for you: "It makes extra work for me..."

4 State what you want: "I want you to pick up your clothes after you take them off..."

"I-Message":
"When dirty clothes are left on the floor in your room, I feel resentful, because it makes extra work for me. So I want you to pick up your clothes after you take them off." OR:

"I resent your leaving dirty clothes on the floor and under the bed, because it makes extra work for me."

Give another example of an "I-Message" such as "When you use those words, I feel upset because they seem mean and ugly to me." Remind parents that if an "I-Message" is made in an angry or critical tone, it becomes a "You-Message."

Distribute the handouts. Ask parents to write their own "I-Message" in the space provided. Stress that in real life situations this model should be translated into their own natural speaking style.

When they have completed two "I-Messages", ask parents to find a partner and read what they have written to each other. This will help reinforce the concepts and allow parents to practice saying and hearing "I-Messages". Then ask for volunteers to share the "I-Messages" with the whole group.

Discussion Point:
Stress that "I-Messages" are not intended to solve problems or find solutions. They are used to express emotion or feeling in as clear a way as possible, so that the child can better understand how his/her behaviour is affecting you. Once the child understands, then both parent and child can start discussing solutions or behaviour changes.

"I-MESSAGE" PRACTICE (Session 3, Handout #2)

Directions:
Create an "I-Message" from the following situations:

1. Your son is watching TV and says, "Look at the tits on that chick!" You really want to say, "You should show more respect to women!"

   Instead you say (not necessarily at that time):

   (Describe the behaviour) "When —

   (State your feeling) I feel (felt) —-

   (State how the problem causes a problem for you) Because I think (thought) —

   (State what you want) I want —."

2. Your daughter comes out of her room ready to go to a party wearing an outfit you feel would be more appropriate for a

prostitute. You really want to say, "Get back in there and put some clothes on!"

Instead you say:

(Describe the behaviour) "When —

(State your feeling) I feel —

(State how the problem causes a problem for you) Because I think —

(State what you want) I want —."

3. Write your own situation and your own "I-Message":

(Describe the behaviour) "When —

(State your feeling) I feel —-

(State how the behaviour causes a problem for you) Because I think—."

(State what you want) I want—"

Source: Parent Sex Education Curriculum, MATHTECH, Inc.

B. Specific Encouragement
Do give specific encouragement . Do *not* give blanket praise. Here's the difference.

1. Specific encouragement:

1. Focuses on your child's strengths and skills.
2. Emphasizes the positive.
3. Doesn't make love and acceptance dependent on good behaviour.
4. Recognizes improvement and effort, not just accomplishment.

Examples:

"I like the way you shook hands and said hello to Mrs. Smith. You looked at her and spoke clearly."

"I appreciate what you did. You put your clothes away."

"It looks as if you worked very hard on that."

"You're improving. When you picked up the phone, you said hello very clearly."

2. **Specific encouragement is not the same as blanket praise.** Try to avoid blanket praise.
   Blanket praise can be a problem because:
1. It is given for winning and for being the best.
2. It implies comparison with others and places value judgements on the child.
3. It can be discouraging. The child may come to believe his worth depends on the opinions of others and may feel he can not live up to others' expectations.

Examples:

You're such a good boy or good girl. I'm so proud of you.

Remember: Give specific encouragement, **not** blanket praise.

Discussion:
The following situations require encouragement. How would you respond?

1. Your daughter has attempted to dress herself; her shirt is on backward, shoes on the wrong feet, etc.

2. Your son has just helped you clean the kitchen.

5. FEELING GOOD CARD GAME

Purpose: To acquaint parents, in a light-hearted way, with basic principles of communication that enhances self-esteem. To provide parents with a technique they can use at home to enhance their child's ability to express his own thoughts and feelings.

Materials: One set of *Feeling Good Playful Cards* for each group of six. (See suggested resources at the end of this session)

Time: 20 minutes

Procedure:
Explain the exercise as follows:

"We can begin reviewing some of the principles of good communication through the *Feeling Good Playful Card Game.* (See **Note** at the end of this activity.) You might like to try it at home with your children.

What's the purpose of this game? Many people with mental handicaps grow up experiencing a lot of frustration because they have difficulty making their needs and opinions known and understood. Some give up and withdraw; others act out their frustrations. This game has a built-in success component. People gain experience in a safe way, in expressing thoughts and feelings and being validated for them.

The game consists of a series of playing cards. Each card has a question on it. Each person in turn picks a card, reads the question (or has someone read it for him) and answers it. There are no right or wrong answers. Any answer is accepted. (If you don't like some of the questions, make up your own).

We are going to incorporate six simple communication techniques into this game. We'll call them 'reinforcers' because they help people feel they matter." (Put on newsprint).

1. Smiling at the child while making eye contact
2. Saying the child's name
3. Saying "I like what you said" after listening to the person
4. Paraphrasing or repeating what the person says. This lets her know you're listening.
5. Touching the child (on the shoulder in a natural way) as you speak to her.
6. Applause after the person answers the question on her card. Demonstrate the game with a parent volunteer. Have him or her pick a card and give it to you. Read the question, para phrase it, reinforce the answer by repeating it and saying, "good". Look at the person and say his name. Example: "John what do you like to do when you are alone? In other words, what do you like to do when you are all by yourself?" John says "Play records". "Good answer John, you said that when you are alone, you like to play records." Group applauds John's answer.

Form groups of six and give each group a pack of cards. Ask them to play 3 rounds:
1. as demonstrated;
2. answer the question as they think their mother might;

3. answer the question as they think the person on their left might.

Discussion points:

1. How did you enjoy the game?
2. How do you think you might play it at home?
3. When you answered the question the way you thought the person on your left might, how many of you were 100% accurate, 80%, 70%, 50%? This could be a measure of your ability to "tune in" to someone else!

Note: The *Feeling Good Playful Card Game* was developed by Gloria Blum. The method described here for using the game was devised by Ms. Blum and is used with her permission. You may obtain the game by writing to *Feeling Good Associates* at the address listed under *Suggested Resources* at the end of Session 3.

6. HOW DO YOU COMMUNICATE?

Purpose: To help you reflect upon your own communication patterns and those of your family.

Materials: Handout #3, Session 3: *Helps and Hindrances To Communication*.

Procedure:
Study the handout. Read it over from time to time and look for similarities in the way you communicate with your children. Become aware of your own communication styles by using the handout as a basis for comparison. You may want to do this for a few days or a week, possibly keeping notes.

Points to Consider:

1. Do you find yourself using many of the helps? the hindrances?

2. Did your own parents have similar communication patterns?
3. Are your children picking up your good and bad listening styles?

4. Do you speak differently with your friends than with your children? What about with your spouse?

5. Are you generally a good listener?

HELPS AND HINDRANCES TO COMMUNICATION

(Source: The Family Planning Council of Western Mass. Inc.)

HELPS (get us closer)	**HINDERS** (drives us apart)
1. Describe your own feelings (a message about me!) - "I'm lonely." - "I'm afraid." - "I feel left out." - "I don't understand."	1. Criticize and accuse other (I blame you!) - "You never care!" - "You're a bully!" - "You're so selfish!" - "You're so stupid!"
2. Focus on the issue - "This is how I see the problem." - "I need ..." - "I would find it helpful if..." - "I believe..."	2. Be indirect, evasive - "you know what's wrong!" - talk behind other's back - be vague, general - drag your feet - "Everyone believes..."
3. Give clear feedback - "What I hear you say..." - "Do you mean ..." - "I feel listened to."	3. No feedback, one way only - "You meant..." - "I think..." - "Why should I listen to you!" - "You ought to know what I.."
4. Above the belt - Respect limits. - Don't keep punching at vulnerable spots. - Compliment what is good.	4. Below the belt - Name-calling, labeling. - Aim at where the other hurts most, is most vulnerable. - Always criticize.
5. Humour to relieve tension - Laugh at yourself	5. Laugh at, ridicule the other - Use other as scapegoat for your problems
6. Chop down the issue - How I feel about what you DO. - Do direct problem-solving. - Explore alternatives - Answer question honestly	6. Chop down the person - Degrade what you ARE. - Belittle the person. - Be sarcastic, condescending. - Put down questioner.

B. TEACHING SOCIAL SKILLS

7. GREETINGS AND POLITE CONVERSATION: SOLVING THE WHO TO HUG QUESTION

Purpose: Children with mental handicaps often have trouble learning how to behave toward different categories of people. This presentation discusses the first step: teaching children that there *are* different categories.

Materials: *Shared Feelings*

Time: 10 minutes

Procedure:
Present the information about *The Who To Hug Question* in Chapter 4.

CIRCLES (Stanfield Films, Santa Monica, CA.), a program specially designed to help teach these distinctions, is available to borrow from N.S.Division, C.A.C.L., N.B. A.C.L., and P.E.I. A.C.L. This program uses a series of concentric circles to identify different categories of relationships. The circles help teach appropriate behaviour in a simple and positive way. The circles concept is a useful framework for teaching relationship - building skills.

Although it is designed for adolescents and young adults, CIRCLES can be adapted for use with younger children as well. Parents participating in the Maritime Parent Sexuality Education Project have found it easy to use with their children. They have used it to teach not only who you can hug, but how close to stand to someone when you are talking with them; who you can have "public " conversations with and who you can have "private" conversations with. Parents of children with very challenging needs say that the CIRCLES categories made them more aware of the importance of teaching appropriate social behaviour to their youngsters. It helped them categorize the relationships in their child's life so that they could teach appropriate social greetings on the spot.

Many parents have also discovered that the CIRCLES idea helps them act in ways that increase their self - esteem and comfort in their own relationships too!

You can also use the framework of CIRCLES to teach "public and private" and assertiveness, discussed in Chapter 4.

8. TEACHING PUBLIC AND PRIVATE PLACES

Purpose: To acquaint parents with a simple system for teaching appropriate behaviour in public and in private. To acquaint parents with tips they can use to help their children tell if someone has touched them in sexually inappropriate ways.

Materials: *Shared Feelings*

Procedure:
Ask parents to share how they have used the "public and private" principle.

9. TEACHING SOCIAL SKILLS STEP - BY- STEP

Purpose: To demonstrate a step -by -step procedure for teaching new behaviours and changing inappropriate ones.

Materials: Chart at the end of Chapter 4

Time: 30 - 60 minutes

Procedure:

1. Briefly describe each step as on pages 50 - 51 of *Shared Feelings* State that you will demonstrate each step, with the assistance of two parent volunteers.

2. Demonstrate each step, using the example given on page 50 - 51 (or another suggested by parents in your group).

3. Use the guidelines for role play (at end of this session) as follows to demonstrate the step - by - step process for teaching the behaviour.

   (i). Ask one parent to be the child, John, another to be Mr. Jones.

   (ii). Set the scene and do the warm - up carefully, as follows.

   "We are going to pretend that I, as John's parent am having a meeting at my house. I am going to use the opportunity of visitors coming to the house to help teach John how to greet people we consider acquaintances. In this role play, I am going to show John how to greet our minister, Mr. Jones. I have previously explained to Mr. Jones that I want to teach John not to hug everyone he meets. I have also practiced with John before the meeting."

Turning to the parent who is playing Mr. Jones, Say ,
"Mr. Jones, if John tries to hug you, I want you to take his hand and change the hug to a handshake. Say, "John when I say hello to you I like to shake hands. That is what feels good." If he shakes hands, say, "It's good to meet you John. It felt good to shake hands. Thank you."

Take John aside. Tell him that in his role, he is very enthusiastic about meeting people, loves to be with them. And he *really* likes Mr. Jones. Ask him to "forget" what he has been taught when Mr. Jones comes to the door and to be ready to hug him.

Discuss such details as having Mr. Jones knock at the door, to make it as realistic as possible.

(iii). Action. Greet Mr. Jones yourself, modelling the handshake you want John to copy. Say, "John, I shake hands and say hello. Now you try."

During the role play, when John tries to hug Mr. Jones, help Mr. Jones change the hug to a handshake and say "John, this is how.

(iv). Give feedback. (See page 51 of the book). "I liked the way you looked at Mr. Jones and said 'hello'. Next time remember to shake hands."

5. If a parent says, "My child would not react like that", ask her to show the group how he would behave. Then you play the role of the child. The parent can experiment with ways to respond that might work in her situation.

6. Repeat the steps to teach other behaviours that your group wants to discuss.

(v) Discussion. Ask the players what their thoughts and feelings were in the role play, how the role might have been played differently.

Discussion Points:

1. Emphasize the following principles:
- The importance of modelling and practice
- Practicing in real situations
- Giving specific feedback. Remember the 80 - 20 rule!
- Catching them being good.
- Substituting appropriate for inappropriate behaviour.

2. Ask: How do these principles enhance self - esteem? Parents will find themselves saying "don't" less often! The emphasis is on the positive, what you *can* do.

10. TEACHING ASSERTIVENESS

Purpose: People with little self - confidence often try to please others in order to feel accepted. They may allow themselves to be victimized in many ways. Teaching steps to assertive behaviour can help kids who are easily bullied.

Materials: *Shared Feelings*

Time: 10 - 20 minutes

Procedure:
1. Ask parents "Have you ever said 'yes' when you really meant 'no'? How come?"

2. Review points in Karen and Jane's story.

- Practice saying "No" and "Yes" like you mean it.
- Use a tape recorder to practice speaking with confidence. For instance say 3 things you like and 3 things you do not like. Give feedback .. For instance, "What you said was really important, so important I'd like you to say it louder so it *sounds* important."
- Role play saying "No" in situations where the child is being bullied, just as Karen did with Jane

3. Using guidelines for role play, have parents role play teaching assertive behaviours, using situations they present for discussion. The "What - if " games on page 66 are good examples.

Example:
You want to teach your child to say no to potentially exploitative situations.

"What if a kid at school says, 'Give me your money?' or "What if the new neighbour asks you to come into the garage to see his new kittens?"

1. **Set up the situation, using the guidelines to role play.** Take the role play volunteers aside. Instruct the person playing the child to say "no" but in an unassertive way. Instruct the person playing the man with the kittens to respond to the child's ambivalent attitude by trying harder to entice the child into his garage.

2. **After the role play, give feedback in the following way.** "You said 'No' That was good. But it was a very quiet 'No'. Let's practice saying 'No' like you really mean it!"

3. **Demonstrate yourself and then have participants replay the situation**. Note the results when someone is more assertive. The man with the kittens stops trying!

11. TEACHING DECISION - MAKING

Purpose: Learning to make decisions helps boost self - confidence. It helps kids feel they have some control over some parts of their lives.

Materials: *Shared Feelings,* Chapter 4.

Time: 10 -20 minutes

Procedure:
1. Go over the points in Chapter 4, section on decision - making. Emphasize the following:

- Knowing how to make decisions starts with knowing how to say "Yes" and mean it and No" and mean it.
- If a child has trouble communicating verbally it is tempting to do all the deciding for him.
- Start by offering simple choices. Do you want juice or milk? Point to the one you want.

2. Use the steps to problem - solving and role play a problem that requires a decision to be made.

Remember: Knowing what one is *feeling* about a dilemma is an essential first step to being able to take steps to solve one's own problems.

For the Next Session

1. Read Chapter 5, parts 1 and 2.
2. Distribute copies (one per person) of the quiz *How Knowledgeable are We? Fact and Fancy About Sexuality.* This is Handout #1, Session 4. Give instructions as outlined in Session 4.

What Parents Say About Session 3:

> *The thing I'll remember most about this course was learning I didn't have to solve my children's problems just because I was their mother. I'd been doing all the worrying for them for 20 years! They're adults now. Now when one of them calls with a problem, I simply say " Sounds like you're feeling stuck. That's quite a dilemma. What have you thought about doing?" What a freeing experience!*
>
> *It was good to know we're on the right track. We 've always listened well I think and given encouragement. This session was really affirming for us.*
>
> *What was really helpful for me as a father was the idea of giving kids choices, helping them make their own decisions. Since the program, I've been letting our 15 year old decide for himself whether or not he wants to go to the dances. He's shy and I used to insist and push him out the door, thinking he ought to want to go! He'd get mad; I'd get mad. Now I give him the choice about what he wants to do on Saturday night. We get along so much better now.*
>
> *My son acts silly in front of other kids in the cafeteria. When I role played my son, I could feel for the first time how he must feel at school. He wants to be in on things and doesn't*

know how to talk to the other kids. It gave me a whole new perspective on the situation. And the group was really helpful . We came up with a lot of options I can try.

Suggested Resources:

Bass, E. (1981) *I Like You to Make Jokes With Me But I Don't Like You To Touch Me*. Chapel Hill, North Carolina: Lollipop Power, Inc.

CIRCLES by Leslie Walker - Hirsch and Marklyn Champagne. A program of slides, teacher's manual and CIRCLES floor sheet. Santa Monica, CA: James Stanfield and Company.

Corkille Briggs, D. C. (1970). *Your Child's Self - esteem*. Garden City, New York: Doubleday

Faber, A.; Mazlish, E. (1980). *How To Talk So Kids Will Listen and Listen So Kids Will Talk*. New York: Avon.

Feeling Good Playful Card Game (1980) by Gloria Blum From: Feeling Good Associates; P.O. Box S, Kealakekua, Hawaii, 96750.

Perske, R. (1988). *Circles of Friends*. Burlington, Ontario: Welch Publishing Company.

The Allan Roeher Institute (1989) *Hugs all around! How Nicholas McCullough came home*. Toront

The G. Allan Roeher Institute (1989) *Leisure Connections*. Toronto.

Reference

Alter, J.S.; Baxter, S.; Wilson, P. (1981). *Parent Sex Education Curriculum*. Bethesda, MD.: Mathtech, Inc.

12. HOW TO USE ROLE PLAY: GUIDELINES FOR GROUP LEADERS

Role playing means simply acting out or demonstrating a situation. Discussion is helpful of course, but role play can be more effective. It gives parents a chance to try out new behaviours for dealing with problem behaviours or to learn behaviours for situations that haven't yet occurred.

It is best to try role play after parents feel comfortable and "safe" in the group. For instance, when you demonstrate how to teach about feelings and ask parents to respond as their children, you are creating a sense of safety. The scripted role plays discussed in the listening exercise also give parents a chance to get comfortable with role playing.

The word "role play" often frightens people. They think they have to act and they don't like being "put on the spot". It is best then, to use words like "Show us how your child acts".

Here are some steps that will help you use role play effectively with your parent groups.

1. Pick a situation that a parent identifies as a problem.
2. Ask the parent to show the group what it is that her child does that is a problem.
3. Set the scene. Discuss what is to happen. Help the participants create their roles. This is the "warm - up".
4. Have participants act out the situation.
5. Discuss what happened.

The following example illustrates how you might use these steps to demonstrate the step - by - step approach to teaching social skills described in Chapter 4.

1. Situation: A parent wants to help her daughter learn some steps to making friends. Her daughter likes a boy at school. He calls her at home but she is too shy to say anything to him on the phone. Her mother would like to help her daughter make conversation on the phone.

2. Ask the parent to show the group what her daughter does on the phone. (You be the caller.) Ask the following questions. How does she think her daughter feels when her friend calls? Does her daughter usually talk on the phone with others or is this shy behaviour common? Has she other friends? Is she shy with everyone? How much opportunity has she had to socialize, to talk on the phone? Does she have things she can talk

about like hobbies or interests?

Decide on something specific she could discuss on the phone, such as inviting her friend over for a visit.

3. Write on newsprint, the steps to teaching social skills outlined in Chapter 4. Describe each step briefly. State that in this demonstration the parent and "daughter" are going to role play what to say when her friend calls.

4. Warm - up: Select the players. The parent can play herself and someone else from the group can play the daughter. Set the scene for the role play. Help the participants create their roles.

   Parent: Ask the parent to suggest how she might teach her daughter what to say when she invites her friend over. What might work for her?

   Help her get started by creating a bit of dialogue. For instance, suggest she begin by talking over with her daughter how she feels about her new friend. "Would you like to invite him over for a visit? It is common for people to feel shy and not know what to say on the phone. Let's practice what you can say. I'll pretend to be your friend and I will call you on the phone. Let's go over what you want to say to him. What would you like to tell him? What would you like to do together when he comes over? How could you say that?

   If the daughter has trouble responding, suggest some words to say. For instance, "Would you like to come over to my house Friday night? We could play our new tapes and make popcorn."

   Daughter: You are shy and have little experience talking on the phone. Making friends with a boy is a new experience for you. It's scary and you don't know what to talk about. Feel the feelings. Feel yourself into the role. How might you respond to what your "mother" is saying? Try to "be" the person and respond spontaneously.

5. Action: The participants play the scene. Ask the parent how she might give her "daughter" specific feedback on her performance on the phone.

6. Discussion: How did each of you feel in your roles? How might you have played the situation differently?

   If another parent says, "My son has a similar problem but he wouldn't react that way," ask this parent to show you how her child would respond. Have the parent practice ways of responding that might work for him.

Note: Take time, either in this session, or during another, to engage parents in a discussion about ways to help their children make friends and develop friendship - making skills.

Session 4

TALKING ABOUT BODIES AND FEELINGS

This session corresponds to Chapter 5, Parts 1 and 2 of *Shared Feelings*. The goals of this session are:

1. To increase knowledge of sexual facts.

2. To help parents find the words to use so they can talk to their children about sexual topics and to reflect on the "mental filters" that sometimes get in the way.

OBJECTIVES

1. To discuss some facts about sexual anatomy and biology and about sexual expression.

2. To help parents become comfortable with the languages of sexuality.

3. To demonstrate principles for giving sexual information to children and young teens.

4. To provide an opportunity for parents to practice giving sexual information.

SESSION 4 OVERVIEW

TOPIC	TYPE OF ACTIVITY	PAGE
1. How Knowledgeable Are We?: Fact and Fancy About Sexuality	Quiz and Discussion	86
2. The Languages of Sexuality: Finding the Words	Presentation/Discussion	92

3. Giving Sexual Information: When, Where, How, What	Presentation/Role Play	96
4. Sexuality and Self - Esteem	Exercise	101
5. Evaluating Feelings	Homework	103

1. HOW KNOWLEDGEABLE ARE WE? FACT AND FANCY ABOUT SEXUALITY

Purpose: This exercise is a quick, comfortable way to cover a lot of basic facts about sexuality.

Materials: Quiz sheets, *Facts and Fancy About Sexuality*

Time: 60 minutes

Procedure:

1. Give out the quiz sheets at the end of session 3 and ask parents to complete them during the week. This gives you more time in this session to spend on the answers.

2. Introduce the quiz in the following way:

"This quiz contains a number of beliefs about sexual issues. Some are fact; some are not. Complete it during the week. Just for fun, compare answers with your spouse if you like. We'll talk about the answers next week. This isn't a test, just a more interesting way to talk about sexual topics than a lecture. When we discuss the answers, your own answers can remain anonymous. You are free to disagree with me and challenge me on any of the statements."

Discussion Questions

1. If you shared your answers with your partner what did you learn from the experience of comparing notes? Did you learn something new about each other's point of view on some of these issues?

2. Which issues would you like to discuss further?

3. Elaborate on each answer, using information from these sources: the answer sheets that follow; *Shared Feelings*

Chapter 5, Part 2; Chapter 7; and ***Sex, the Act, the Facts and Your Feelings,*** by Carrera. (See further readings listed at end of session).

HOW KNOWLEDGEABLE ARE WE? FACT AND FANCY ABOUT SEXUALITY(Session 4, Handout #1-to be distributed as homework at the end of Session 3)

Place a T for True or F for False beside each statement.

1. A woman can get pregnant during her menstrual period.
2. Homosexuals are born that way.
3. A vasectomy results in loss of sexual desire.
4. People with a mental handicap are more easily sexually stimulated than others.
5. Both men and women have nocturnal emissions (wet dreams).
6. The clitoris is an important source of sexual pleasure for women.
7. A mental or physical handicap reduces the normal sex drive.
8. Sexual thoughts, fantasies and dreams show what you would like to do.
9. Boys who engage in mutual masturbation often become homosexual.
10. The sex drives of men and women decrease a lot after the age of 35 - 40.
11. Once you have been treated for a sexually transmitted disease you cannot ever get that same disease again.
12. A woman who is breastfeeding cannot get pregnant.
13. The penis grows larger with frequent use.
14. Alcohol is a sexual stimulant.

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15. One way to avoid pregnancy is to stand up when you have sex.

16. Masturbation can cause insanity.

17. AIDS is a homosexual disease.

18. It is the father who determines the sex of the child.

19. Using a condom would prevent 90% of all sexually transmitted diseases.

20. Intercourse is the best kind of sex.

HOW KNOWLEDGEABLE ARE WE? FACT AND FANCY ABOUT SEXUALITY

1. A woman can get pregnant during her menstrual period.

True or False
A woman can get pregnant any time she has intercourse if an egg has been released from her ovary. It is less likely that she would get pregnant during her period, but it is possible. See the explanation in Chapter 5, *More Facts About Sex*, page 92.

2. Homosexuals are born that way.

True or **False**
It is not known what exactly causes homosexuality. There is no evidence that either genetic or hormonal influences or child - rearing patterns contribute to homosexuality. See Chapter 5, Part 2.

3. A vasectomy results in loss of sexual desire.

True or **False**
During a vasectomy a small cut is made in the part of the sperm - carrying tube located in the testicle. The cut ends of the tubes are cauterized (burned). After the operation the only thing that is different is that sperm can no longer travel up through the penis. Everything else stays the same. Seminal fluid is still produced. A man still has erections, orgasm and ejaculation.

4. People who have a mental handicap are more easily sexually stimulated than others.

True or **False**
This idea probably got started when so many people used to live

in institutions where they had no privacy for sexual expression. Living in an institution is something like living in a fishbowl. Others can observe what you do more easily than if you live in your own home. The truth is, of course, that people who have a mental handicap vary in the amount of interest they have in sex just as much as anyone else does.

5. Both men and women have nocturnal emissions (wet dreams).

True or False
Women also have sexual dreams during which the vagina becomes lubricated (wet). The walls of the vagina "sweat" when a woman is sexually excited.

6. The clitoris is an important source of sexual pleasure for women.

True or False
The clitoris is much more sensitive than the vagina, which has few nerve endings. In fact, the clitoris has the same amount of erectile tissue and nerve endings as the penis does. The only difference is that most of the structure of the clitoris is *inside* the body. Most women reach orgasm only if they or their partners rub around the clitoris during love - making. This is normal.

7. A mental or physical handicap reduces the normal sex drive.

True or **False**
All individuals experience sexual feelings.

8. Sexual thoughts, fantasies and dreams show what you would like to do.

True or **False**
Not necessarily. Just because you think of something it doesn't mean you want to or would do it. Sometimes we think of having sex with someone we know but it doesn't mean we're actually going to do it. Sometimes people worry about their sexual fantasies. There is nothing wrong with them. Obviously, acting all of them out could be wrong, however.

9. Boys who engage in mutual masturbation will often become homosexual.

True or **False**
Such behaviour occurs normally among some children and young teenagers. It's part of growing up. However, some people who

grow up in institutions where contact with the opposite sex is discouraged, will seek sexual contact with the same sex. This is natural. When they are given the chance to be with the opposite sex, most will discover that they are actually heterosexual. Homosexual expression that is learned in this context is often called "situational." See Chapter 5, Part 2.

10. The sex drives of men and women decrease a lot after the age of 35 - 40.

True or **False**
Sexual interest and activity goes on all through life. Physically things do change a little, however. As men get older, they may take longer to get an erection and they may not feel the need to ejaculate every time they have sex. In older women, vaginal lubrication may get less. There are creams available that help out with this problem. People who want to can still make love; they can give and receive sexual touching of all kinds. There is a popular saying that states, "If you don't use it, you lose it". It's important not to believe that sex is over at 40 or 50. You don't want that idea to become a self - fulfilling prophecy!

11. Once treated for a sexually transmitted disease you cannot ever get that same disease again.

True or **False**
Unlike many other infectious diseases such as measles or chicken pox, you can get any STD again and again.

12. A woman who is breastfeeding cannot get pregnant.

True or **False**
Many women who breast feed do not ovulate until they begin to wean the baby. However, others do ovulate. So breastfeeding is not a fool - proof method of birth control.

13. The penis grows larger with frequent use.

True or **False**
Perhaps some people wish this were true!

14. Alcohol is a sexual stimulant.

True or **False**
The truth is that drinking actually has the opposite effect. After a few drinks, it's harder for a man to have an erection or for a woman to have an orgasm. A drink or two may lower people's

inhibitions about having sex, however.

15. One way to avoid pregnancy is to stand up when you have sex.

True or **False**
Some people think the semen will run out of the vagina if you stand up during sex. But sperm don't have a problem swimming against gravity! Most make it into the uterus just seconds after ejaculation. Sometimes sperm find their way into the vagina even if ejaculation happens just *outside* the vagina!

16. Masturbation can cause insanity.

True or **False**
Masturbation is a perfectly normal and healthy way to give yourself pleasure and to release sexual tension. Masturbation is not physically harmful. It does not weaken your mind or body, cause warts, or hair to fall out, etc. It should be reassuring to know that masturbation, no matter how often someone does it, cannot do any harm, except if the person feels guilty about it. See Chapter 5, Part 2.

17. AIDS is a homosexual disease.

True or **False**
Not always. Recent U.S. studies report an increase in the heterosexual transmission of AIDS. Also, AIDS is commonly spread by drug users sharing contaminated syringes. See Chapter 7 for more details about AIDS.

18. It is the father who determines the sex of the child.

True or False
Each mature sperm contains either an X (female) or Y (male) sex chromosome. The egg cell contains only an X chromosome. If an "X" sperm joins with the egg, the embryo is female. If a "Y" sperm cell joins with the egg, the embryo is male.

19. Using a condom would prevent 90% of all sexually transmitted diseases.

True or False
If people choose to have sex with several partners, the best protection against STDs is a condom. However, condoms are not completely fool - proof. See Chapter 7.

20. Intercourse is the best kind of sex.

True or **False**
This is a value judgment. Some people may feel that intercourse is the only kind of sex that is enjoyable or acceptable to them; others may find other kinds of sexual activity and touching acceptable and pleasurable. Remember that hugging and snuggling are important in a relationship too! Sometimes, when people make love, they move so quickly to intercourse that they miss out on the pleasure and closeness that hugging and touching can bring.

2. THE LANGUAGES OF SEXUALITY: FINDING THE WORDS

Purpose: To become more at ease using sexual words. This exercise is fun and gives parents "permission" to use sexual words in the group. It is a good way to introduce the "when, where, how and what" of giving sexual information to children.

Materials: Newsprint, marker

Time: 30 minutes

Procedure:

1. Introduce the presentation as follows:

"Most people find that talking about sex is hard, so hard that they have trouble being clear about what they are talking about! So our kids might not understand what we've said even after we've said it! It's important to think about what words we can use that are clear, comfortable and workable for us."

2. Present the following information in your own words.
"There are really four languages of sexuality. Let's look at each of them briefly."

Write each on newsprint and ask parents to give examples of words that fit for each language. An example is given below.

Medical language (or "real" words)	breast	penis	intercourse
Childhood language	boobie	dickie bird	

Street language	tit	cock	screw
Indirect language	chest	privates	doing it, sleep together

Start by giving examples of your own. Some groups are shy about calling out sexual words. Most people "warm up" though and enjoy having "permission" to say sexual words.

3. Ask the following questions:

- How did you feel about saying sexual words?

- Did you find it difficult to say some words? What made it difficult?

- Are there any general patterns to any of the words on the newsprint? Did you notice, for instance, the "weapon" overtone of some of the words, and the "put-down" implied in others?

3. Continue with:

"Some people are comfortable using only one or two of these languages. Most of us, however, use each of the languages at different times - depending on what we're talking about, who we're talking to and where we are.

It's interesting, isn't it, that we have no trouble teaching the words "head and shoulders, knees and toes" but when it comes to penis and vagina, those words don't exactly roll off the tongue. The reason is simple. Our parents didn't use them with us. Furthermore, as *Shared Feelings* says, we may have been scolded for touching "down there" and so we grow up feeling that breasts and genitals are not worthy of being called by name.

Let's put the issue of sexual words into perspective. Many medical terms, for instance, come from Latin. Warren Johnson, a prominent U.S. sex educator, once quipped that 'It isn't any wonder we have difficulty discussing sex; we're required to talk about a taboo subject in a dead language.'

Street language is usually considered vulgar or obscene and unacceptable in most situations. It's interesting however, to look at the roots of some of these words. "Vulgar" itself comes from a Latin word which means "common". In England in the Middle Ages, some of the words that are now part of street language were the correct words then. For instance, the word "cunt" was the correct word for vagina.

If we take a good look at the some of the sexual words that we know from all of the four languages of sexuality, we may clarify our feelings about various sexual words and about their meanings.

Let's look at a few points concerning each of the four sexual languages.

MEDICAL LANGUAGE (or "real" words)

Uses: Teaching children the "real" words tells them there is nothing wrong with having - or talking about - any part of their bodies. After all, children are not taught nicknames for their elbows or knees, for example, so why use nicknames for their breasts or penis?

Limitations : Sometimes people find certain medical words too cumbersome. For instance, "wet dream" sounds more natural to most people than "nocturnal emission".

Suggestions: If you are uncomfortable with some words yourself, practice saying them aloud to yourself, to your partner or to a friend.

CHILDHOOD LANGUAGE

Uses : The words are generally easy for young children to say, and parents often feel comfortable using them because they remember them from their own childhoods. "Pee", for example, is more natural for most people than "urinate". Some childhood words, such as "belly-button", sound happy and positive.

Limitations : Other childhood words imply discomfort about sexuality. They can be quite a handicap if the child doesn't learn the real word at some point. For instance, a man who knows only the word "wee - wee" for penis could be ridiculed.

STREET LANGUAGE

Uses : Many people like to use street language at times. It is the language of the bedroom (sometimes), the language of grafitti (all the time) and one of the languages of childhood. Most children will use it with other kids and sometimes at home. Some swear words, (such as "damn", "shit" and "fuck"), help many people to release feelings of frustration or anger.

Limitations : Some children have trouble learning when and where it is O. K. to use certain words. They may get "set up" by others to use these words in situations where they will get into trouble. Also, some street words for sexual body parts are used as put - downs. Some words make sex sound like an act of violence. They describe sex as something done "to" rather than"with" someone.

Suggestions : Children often repeat what they hear on the playground. If you want your child to stop using street language, think about what message you want to give them. What do you want them to learn? Here are some points to think about.

- If you don't want children to use street language, don't use it yourself. Remember that children will repeat what they hear you say!
- If you laugh or react in shock or anger, ("If you ever use that word again, I'll wash your mouth out with soap"), the child will keep using the words. It's a great way to get a lot of attention!
- If the words are used in anger, say something like, " I don't like to hear those words. We don't use them in our family. When you're angry, I'd rather you say....."
- Use the opportunity to teach them something new. "That word means penis. It's not a very polite word. The correct word is penis."

INDIRECT LANGUAGE

Uses: Many families prefer indirect language in a number of situations. It is always polite and doesn't offend people.

Limitations: Children can feel shame about their genitals, as if they were too "bad" to be spoken of directly, i.e. a little girl is told the name of her fingers, toes, knees etc., but knows of her vulva only as "down there." And some indirect language may be confusing for children, i.e. "sleep together" for "sexual intercourse."

Remember: *If a child knows the "real" words for parts of his body, he will be able to tell you exactly what happened if he is sexually abused by someone.*

Adapted from the *Parent Kit*, Planned Parenthood of Nova Scotia

3. GIVING SEXUAL INFORMATION: WHEN, WHERE, HOW AND WHAT

Purpose: to help parents:
1. find the words to use so they can talk to their children about topics such as body parts, menstruation, wet dreams, how babies are made, masturbation, sexual feelings.
2. identify and discuss the "mental filters" that get in the way.

Materials:
Shared Feelings Chapter 5, Part 1; other books for children (See Additional Reading in the back of *Shared Feelings*) ; newsprint, marker

Time:
Depending on the needs of the group, for instance, the age group and level of disability of their children, this discussion could take one hour or the whole session.

Procedure:
There are 3 approaches suggested for this discussion. Use the one most suited to your group.

1. Demonstrate how to explain each topic, with parents playing the role of children. Parents can respond as they think their children might.

2. Demonstrate how to present one or two topics. Then, for the other topics, play the role of a child. The "child" asks questions that the parents answer. Parents can use the words in *Shared Feelings* to help them.

3. For groups with more than 5 or 6 parents:

- Demonstrate how to present one or two topics. Then, divide the parents into groups of 3 or 4. Assign each group a topic. The topics should be ones the parents want to discuss with their own children. Two parents in each group will be "parents", two others, "children". Give them some resources like *What's Happening To Me?* or the *Bare Naked Book* (See Additional Reading.)

- Give each group about 10 minutes to decide how they will explain the topic. Then have them practice giving the information to the "children" who will ask questions during the "lesson".

You will find a list of questions often asked by kids at the end of this section. Whoever plays the part of children can use these or similar questions as a guide to the role play practice sessions. Of course many children never ask questions. But most understand what you say. One parent can respond like a child who does not speak but shows interest in other ways.

Planning Notes:

- Method 1 works well with parents who feel more comfortable if you do most of the demonstrations. They feel they learn best this way. Methods 2 and 3 work well with parents who feel very much at ease with one another and reasonably relaxed talking about sexuality. They feel they learn best when they try things out in the group. It is important for you to be sensitive to the preferred learning style of your group.

- Use the principles and points in Chapter 5, Part 1 to guide you. As much as possible this should be a discussion not a lecture. Parents will have read Chapter 5 the previous week. They can offer suggestions based on their own experience and on what they have read.

Note: The educators in the Maritime Parent Sexuality Education Project report that their groups became increasingly relaxed with each session. Exercises like *Who We are Now is What We Were When* in Session 2, the *Fact and Fancy* quiz and the discussion about sexual language from this session helped create a relaxed atmosphere. By the end of Session 2 or Session 3 many people had lost their nervousness and were really having fun talking about sex. Session 4 generally turned into a problem - solving session. As parents participated in the "lessons" they devised ways to adapt the principles and words to their own child and to their own style. Doing this in a supportive group boosted their confidence.

Guidelines:

Here is one way you can proceed.

1. **Introduce the discussion.** Explain the purpose of the session as described above. Then present the following information in your own words.

   "Turn to the chart at the end of Chapter 5, *What Sexual Information Children Should Know at Different Ages and Stages*. Remember, this list is only a guide. Not everyone will understand or need to know about every topic. Which topics are you most interested in learning how to talk about?

"Here is an easy framework to use. For each topic, we need to think about: 'when ,where, how and what' to say about the topic."

Write the words across the top of a piece of newsprint.

TOPIC WHEN WHERE HOW WHAT

"To help us understand the basic principles to keep in mind for any topic, let's begin with very basic information - body parts and the differences between girls and boys."

2. Ask the following questions, recording parents' answers underneath the appropriate heading. Add any important information that the parents don't mention.

- **When** should kids know this information? Between the ages 3 and 9; use the teachable moment such as bath time, getting dressed, etc.

- **Where** can you tell them? In the bathroom, bedroom. Since those are private places your child learns more easily that both the body parts *and* the discussion is "private"!

- **How** can you tell them? Relax. Pretend you're telling them about the moon and the stars. Don't worry about making mistakes. It's more important to be natural and have fun than to be right!

- **What** can you tell them?" Demonstrate, using a book and the format as suggested on page 73. Have parents respond as if they were their children. This is usually a lot of fun.

Emphasize the principles on pages 73 - 75: using pictures, asking questions, saying that our bodies and feelings are good, repeating, using correct words.

3. Repeat the same process with topics such as menstruation, wet dreams, masturbation. But this time, add the following information. Here's how for the topic of menstruation.

Suppose you hear comments like the following from mothers in the group.

> *"She's afraid of blood; we'll have an awful time."*
>
> *"How on earth will we cope with all the cramps and mood swings?"*

These statements may be signs that "mental filters" are at work! Here is a non - threatening way to draw them out.

- Brainstorm the word "period" as follows:

  "When you hear the word 'period' what thoughts, feelings, images come to mind? Call them out quickly, without thinking."

  Write all their words and phrases down. Comment on how many positive and how many negative phrases you notice. Say something like:

  "Where do these feelings come from? What do you remember about your first period? What was that experience like for you?" Relating your own experience will help them share their own.

  Ask, "How do you want the experience to be for your daughter?"

- Go through the "When, Where How and What" model as before. Include the principles listed on page 72, emphasizing that we start with what a girl absolutely must know - that periods are normal and part of being a woman, how to care for herself, how to behave in public. Add information about what happens in her body, about mood swings if she can understand it.

- To the "What" add an explanation of the PIE and PLISSIT models, using the example in the book.

- Don't forget to call on experienced mothers to share how they taught their daughters. They may be willing to do the demonstration for you!

- Repeat the process with the topics of wet dreams and how babies are made using the information on pages 73 and 81 - 82.

- Repeat the process with the topic of masturbation. Begin by brainstorming the word masturbation. Use the same process that was described for brainstorming the word "period". Use the information on pages 76 - 77 to demonstrate what to say. Ask: How do you feel about using explicit words? What makes it difficult? How come it's important to be so explicit?

- Emphasize that children need very specific information about masturbation to help them understand both what is going on and that the same thing happens to everybody else. Without such information, it'll be hard to teach what is okay in public and what is okay in private.

Summary

What are the most important things to remember?
- Feelings and fantasies are okay.
- There are certain limits on our behaviour.

*The *When, Where, How, What* framework was suggested by Joanne Marriott - Thorne.

Questions Kids Ask

1. Could I have a wet dream in school? My teacher says I daydream a lot.

2. What's "basturmation"?

3. What is pregnant?

4. How many minutes does it take to get pregnant?

5. How does Mom have a baby?

6. Does it hurt to have a baby?

7. When are you old enough to have sex?

4. SEXUALITY AND SELF - ESTEEM

Purpose: To help parents practice using PIE and PLISSIT.

Materials: *Shared Feelings,* pages 90 - 92.

Time: 20 minutes.

Procedure:
As a group, do the exercise on pages 90 - 92. Follow the format as presented. Emphasize the following point:

- In situations involving our children's sexuality, we need to acknowledge what we feel, take a deep breath, think about what would be most helpful to say and *then* say it!

For The Next Session:

1. Read Chapter 5, parts 2 and 3.
2. Pick a topic and practice talking about it with your child this week. Note what the experience is like for you and how your child responds.
3. Complete the questionnaire *Evaluating Feelings* found at the end of this session.

What Parents Say About Session 4

> *The quiz was a lot of fun. We borrowed "Sex, the Facts, the Acts and Your Feelings" and read it together in bed. It's done a lot for our relationship!*
>
> *I really liked the way the group leader got right down to the nitty - gritty. She could say anything! She was so comfortable. Her example helped me relax. Using the words didn't seem like such a big deal after all.*
>
> *I've always been comfortable talking about sex. It was a good feeling realizing that I've been on the right track all along. We were able to share what worked for us with others in the group and that felt really good. I think we helped others.*

> *We realized after this session that our son did not know about using his hands to masturbate. He was masturbating by rubbing himself on his bed but not getting much satisfaction. I used "What's Happening to Me". I pointed to the picture of the boy his age, showing him with my own hand in the air, how a boy uses his hands. I was worried about being so blunt. But nothing terrible happened. Obviously I don't spy on him but I know it worked because he's a lot more relaxed! And he loved the book.*

Suggested Reading

Calderone, M. S., Johnson, E. W. (1988). *The Family Book About Sexuality*. New York: Harper and Row

Carrera, M. (1981). *Sex; the Facts, the Acts and Your Feelings*. New York: Crown

Sugggested Audio - visual Resources.

Am I Normal? (1981). Mobius International, Toronto. A humorous film about puberty for boys. Available from most provincial Departments of Public Health or Departments of Education.

Dear Diary (1981). Mobius International, Toronto. A film about puberty for girls. Available from most provincial Departments of Public Health or Departments of Education.

What's Happening To Me? (1986). Consolidated Productions. A video based on the book by Peter Mayle. Available in video stores.

Where Did I Come From? (1985). Consolidated Productions. A video based on the book by Peter Mayle. Available in video stores.

Sexuality and the Mentally Handicapped, by Winifred Kempton. A nine part, very explicit slide series with accompanying teacher's guide. Covers body parts, puberty, social behaviour, conception and birth, marriage and parenthood, birth control and STDs. Excellent for people who learn best with concrete, visual information. Available from James Stanfield and Co., Santa Monica, CA.

5. EVALUATING FEELINGS (Session 5, Handout #2)

In this questionnaire, please try to describe how comfortable or uncomfortable you would be dealing with the following situations. Rate yourself by circling 1 to 5 depending on your comfort level for each question. If you want to, share your responses with your partner.

very uncomfortable	1
somewhat uncomfortable	2
fairly comfortable	3
somewhat comfortable	4
very comfortable	5

1. How would you feel describing intercourse to your child?

1 2 3 4 5

2. How would you feel if you discovered your child masturbating?

1 2 3 4 5

3. How would you feel describing the birth process to your child, including delivery and how the baby comes out of the woman?

1 2 3 4 5

4. How comfortable would you be if your child saw you nude?

1 2 3 4 5

5. How would you feel describing the menstrual cycle to your son?

1 2 3 4 5

6. How would you feel describing the menstrual cycle to your daughter?

1 2 3 4 5

7. How do you feel when hugging, kissing, and showing affection to your spouse when your children are present?

1 2 3 4 5

8. How would you feel if you discovered your 10 year old son playing doctor with the 5 year old neighbour girl?

1 2 3 4 5

9. How would you feel describing wet dreams to your 9 year old son?

1 2 3 4 5

10. How would you feel describing wet dreams to your daughter?

1 2 3 4 5

11. How would you feel if your child asked you or your spouse what sanitary napkins or tampons are used for?

1 2 3 4 5

12. How comfortable would you feel explaining sexual feelings to your son/daughter?

1 2 3 4 5

Adapted from: Planned Parenthood of Wisconsin, Dodge Chapter

Session 5

TALKING ABOUT BODIES AND FEELINGS: PART 2

This session corresponds to Chapter 5, Parts 2 and 3 of *Shared Feelings*.

OBJECTIVES

1. To explore and clarify personal and family values about sexual issues and sexual behaviour.

2. To learn some practical steps for solving dilemmas that involve your child's social and sexual behaviour.

SESSION 5 OVERVIEW

TOPIC	TYPE OF ACTIVITY	PAGE
1. Giving Sexual Information: Review of Practice at Home	Check - in	105
2. The Flip Side	Exercise	106
3. Solving Dilemmas: Some Practical Steps	Discussion	115

1. GIVING SEXUAL INFORMATION: REVIEW OF PRACTICE AT HOME

Purpose: This week's check - in gives parents a chance to share the results of their "practice" in giving sexual information to their child.

Materials: None

Time: 15 - 20 minutes or as needed

Procedure:
Ask parents who are willing, to share their experiences in presenting a sexual topic to their child.

Discussion Questions:

1. What did you discuss?

2. What prompted the discussion: a teaching opportunity, their child's question?

3. How did you go about it; what did you say?

4. How comfortable did you feel during the discussion?

5. How did your child respond?

2. THE FLIP SIDE

Purpose: This exercise gives parents the opportunity to clarify values about situations involving aspects of sexual development and sexual behaviour. Good for unclogging those mental filters!

Materials: Situation cards. Make these with 3 x 5 index cards. The situations are listed at the end of this exercise.

Time: 1 hour, minimum

Planning Note:
Whether you have time for two or three sessions or for all seven, include this exercise. It is always a hit. We have found nothing better for stimulating discussion and unclogging mental filters! Naturally, it's important for your group to be reasonably comfortable first. So it's not an activity to try in Session 1.

You should participate in this exercise before using it with other parents. Your own experience will give you a sense of how to use it with groups. Being involved in this activity will give you an all - important experience in discovering your own values conflicts. If you don't have the chance to be part of a parent group, try it out with 3 or 4 friends.

Procedure:

A. Divide participants into groups of 4 - 6.

B. Introduce the exercise in the following way:

"Throughout our sessions, we have, in a variety of ways, examined values about sexuality and we have discussed current facts about sexual issues.

"Tonight, we are going to challenge ourselves a little further, and look a little deeper at our values.

"This exercise is designed to help us look at our values about issues concerning sexual development and sexual behaviour. It is really good for helping us be more aware of the mental filters we've often talked about - the attitudes and feelings learned long ago that can get in the way of looking at sexual issues in a well - thought - out way.

"But before we begin, it is important to ask the question: What is a value?

"A value, particularly a sexual value, is a deeply held personal belief, generally rooted in the value system we learned while we were very young. Our values are so central to our sense of identity, that sometimes when someone challenges them, we feel threatened and become defensive about our beliefs.

"Here are some questions to ask about values:" (Write the following questions on newsprint).

1. **Do our values come from information or experience?** They come from both.

2. **Do our values come from within ourselves or do they come from others?** At first, our values come from others, chiefly our families. As we get older, our value systems can change, based on influence from others outside our families and from our life experiences. Each of us grows up learning a different set of values because we all grow up in a slightly different environment. My set of values is as valid for me as yours is for you. So right and wrong is not always the best way to look at them.

3. **Are our values based on our feelings or our intellect?** Both. But sometimes our minds can be wrestling with our feelings, can't they? Often the feelings win out and we act on those before we've clearly thought out the situation and the behaviour.

4. **Are our values cast in stone or do they change?** That depends on our openness to listen to others, to read about issues, and to change (or keep) a value based on new information. We've been spending a lot of time sharing information and ideas with each other and so for some of us our values about certain issues may be changing. About other issues we may decide to keep the values we already held before starting the sessions.

Sid Simon, a prominent educator, states that a value is not a value unless we choose it freely after considering alternatives, and then act on it in just about every situation. Also, we only truly "own" that value when we are willing to publicly say what it is we value.

C. Tonight we will have an opportunity to learn more about our own values about a variety of sexual issues and to listen to the opinions of others.

Remember: The purpose of this exercise is not to persuade you to support any particular values, but to encourage you to think through your own personal values. After all, I have spent many years acquiring my particular values; I am rather fond of them, and I do not want anyone taking them from me! I'll decide what to keep and what to change on my own . But sharing ideas with you helps me continue to rethink and take stock of my own values.

"I will give each group a set of cards. Each person is to take two cards. You will notice that each card has an A side, and a B side. Do not look at them yet.

"I would like a volunteer from each group to start. Read the A side of your card to the other members of your group and state how you feel about the issue. Then turn the card over; read the B side, state how you feel and how you would respond to the situation. Discuss the reasons why you responded the way you did. Sometimes we clarify things better when we talk them through out loud and learn the opinions of others and get feedback from others."

D. Demonstrate by taking a card, reading each side, stating how you feel about the issue, and challenging yourself in front of the group. If you show a willingness to work through the reasons for your position on an issue, particularly if you are honest about any uncertainty you may feel, parents will feel more relaxed about doing the exercise.

E. While each member is discussing his/her feelings about the issue on the card, the rest of the group is to remain silent, listening, in a non-judgmental way. Each person takes a turn with one of their cards before there is any discussion.

When each member of the group has had a chance to discuss one card each, group members may discuss each other's statements. Ask them to keep in mind all the communication skills they have been discussing in this course, using phrases such as: "Are you saying that —-?" "Can you say where that feeling comes from?" "Can you clarify what you mean?"

F. Move from group to group, helping parents stick to the task, particularly assisting them to discuss their feelings (gut reactions). Explain that it is easy to intellectualize, or change the subject, because these issues are difficult and emotional. It is important that the parents focus on their feelings or the exercise will be non-productive. If you notice that someone is talking in generalities, for example: "When one considers the issue of sex in the modern world..." or is wandering off the topic, say "Can you start with 'I feel?'" or "Can you say how *you* feel about this? How do you account for the difference in your feelings between Side A and Side B of your card?"

G. Reassemble into the large group and discuss the following points:

1. How did you feel about doing this exercise?

2. What did you learn?

3. How many noticed differences in your views between the A side (general issue) and B side (personalized situation)? How come?

4. What were some of the feelings you experienced as you listened to the ideas/opinions of others in your group?

5. How easy/difficult was it to listen non-judgmentally, to keep from jumping in with your opinions? What made it hard?

6. How well did you stick to your feelings?

7. Did you answer differently when you applied the situation to your son or daughter who has a mental handicap?

8. Were there any issues that were more difficult than others? Which ones? We can discuss some of those now.

Notes:

- Use points from Chapter 5 to talk about issues of interest, such as masturbation and homosexuality, sex without marriage. Ask: "What did you think about the discussions in Chapter 5 ?" "What points had meaning for you?"

- Refer to the *Introduction, 4. Tips for Facilitating Group Situations* to help you deal with disagreements about sexual values.

- Say something like "We may disagree with each other about particular sexual issues. But what is one universal value none of us is likely to dispute? *That any sexual behaviour must be mutual.*"

H. Read the *Letter From College*, attached at the end of this exercise. Parents enjoy this. It helps them to put issues about sexual values into perspective and to realize that values are all relative.

I. Draw the relationship ladder (from Session 1) on newsprint. Say "Here is something to think about for ourselves. If we look at each step of the relationship ladder, let's ask ourselves this: 'What kind of sexual expression, from hand - holding to sexual intercourse, would I accept and permit for myself at each stage in a relationship?'"

THE FLIP SIDE: SITUATION CARDS
(You can photocopy these pages, then cut out each A and B statement. Paste them on 3 x 5 cards. For each situation, paste the A side on one side of the card, the B side on the other).

A. People need sexual expression and fulfillment for a full human life.

B. In your view what does a loving sexual relationship add to life? Should teenagers have this? What about adults who have a mental handicap?

A. Sexual curiosity is normal at all ages and is quite common during childhood and adolescence.

B. You discover your 10 year old son and a friend fondling each other's penises. How do you feel? What do you say?

A. Children are naturally curious about the bodies of the opposite sex.

B. You and your family have recently moved into a conservative neighbourhood. One Saturday morning you find your 6 year old playing with another child, both with all their clothes off. They are exploring each other's genitals. How do you feel?

A. Self - exploration and self - pleasuring is a healthy and normal part of our sexual growth and awareness.

B. You discover your teenage son/daughter masturbating in his/her room. How do you feel?

A. What social pattern provides the most learning for adolescents — dating many people or going steady?

B. What did you do you as a teenager? What do you feel you missed?

A. In your eyes what value does virginity have?

B. A teenager tells you that he or she has lost her/his virginity and s/he feels guilty and upset. What would you say to this teenager?

A. It is perfectly natural for teenagers to kiss and neck.

B. You walk by the family room door and notice that your 15 year old daughter and a boy friend are necking. How do you feel? What do you do?

A. What do you think of couples "living together" without commitment?

B. When does a person become "promiscuous"?

A. Do you believe that the "lowering of standards" or the "loosening of moral tone" in our society (.e., allowing swearing, more casual dress, frankness in the media, etc.) affects our sexual morals?

B. Are your sexual values much different than your parents? Do you feel good or bad about this?

A. Do you believe that people have the right to decide how they will conduct their own lives?

B. How would you react if your brother/sister/daughter/close friend revealed that he or she was a homosexual?

A. Some magazines like Playboy and Playgirl are acceptable.

B. You find your teenage son looking at Playboy. How do you feel? What do you say?

A. People need sexual expression and fulfillment for a full human life.

B. Your teenaged son or daughter who has a mental handicap fantasizes about falling in love and getting married. What do you say?

A. 97% of sexual assaults against children are committed by heterosexual males. Do you agree or disagree?

B. The parents in your neighbourhood have started a petition against your son's teacher. He is an excellent teacher and has recently acknowledged that he is homosexual. How do you feel?

A. Boys and girls should be treated equally.

B. You son tells you he wants to take ballet lessons. How do you respond?

A. A large part of romantic love is really "ego-tripping" (self-seeking).

B. How do you know when you really love another person?

A. Boys should be expected to fulfil the same moral standards as girls. There should be no "double standard".

B. Do you feel differently when a girl
   a) loses her virginity
   b) has sex with different partners
   c) initiates sex play
   than you do when a boy does these things?

A. Today people are pleasure - mad. Our society is obsessed with sex.

B. Do you feel you have too many sensory or physical pleasures?

A. Should the pill be given to teenage girls?

B. You have just discovered that your daughter is having intercourse with her boyfriend. How do you feel? What do you do?

LETTER FROM COLLEGE

Dear Mom and Dad,

It has been three months since I left for college. I have been remiss in writing and I am very sorry for my thoughtlessness in not having written before. I will bring you up to date now, but before you read on, please sit down. You are not to read any further unless you are sitting down. OK?

Well, then, I am getting along pretty well now. The skull fracture and concussion I got when I jumped out of my dormitory window when it caught fire shortly after my arrival, is pretty well healed now. I only spent two weeks in the hospital and now I can see almost normally, and only get these sick headaches once a day.

Fortunately, the fire in the dormitory and my jump was witnessed by an attendant at the gas station near the dorm, and he was the one who called the fire department and the ambulance. He also visited me in the hospital and since I have nowhere to live because of the burnt out dormitory, he was kind enough to invite me to share his apartment with him. It is really a basement room but it is kind of cute. He is a very fine boy and we have fallen deeply in love and are planning to be married. We have not set the exact date yet, but we will before my pregnancy begins to show.

I know you are looking forward to being grandparents and I am sure you will welcome the baby, and give it the same love and devotion and tender care that you gave me when I was a child. By the way, my boyfriend has a minor infection and I carelessly caught it from him. But it will soon clear up with the penicillin injections I am taking daily.

I know you will welcome him into our family with open arms. He is kind and although not well educated, he is ambitious. Although he is of a different race and religion than ours, I know by your expressed tolerance that you will not be bothered by that fact.

Now that I have brought you up to date, I want to tell you that there was no dormitory fire, I did not have a concussion or skull fracture. I was not in the hospital and I am not pregnant, I am not engaged, do not have a disease, and I don't have a steady boyfriend. However, since I am getting a "D" in history and an "F" in science, I wanted you to see these marks in proper perspective. Hope you are both well. I will try to get home soon.

Your loving daughter,

Sue

(Adapted from: Parent Sex Education Curriculum, MATHTECH, Inc.)

3. SOLVING DILEMMAS: SOME PRACTICAL STEPS

Purpose: to learn some practical steps for solving dilemmas that involve a child's social and sexual behaviour. These steps provide a way to apply the PLISSIT model.

Materials: newsprint, marker, copies of handout: *Steps to Problem Solving*.

Time: 60 minutes, (or as needed).

Procedure:
Explain that in this session, parents will have an opportunity for helping each other deal with social and sexual behaviours in their children that cause them concern. Through brainstorming, parents can practice putting together all the concepts they have learned.

A. Ask them to reflect on the situations discussed in Chapter 5, Part 3. Use the following questions as guidelines for discussion.

- What parts of these situations can you relate to?
- What insights did you gain that you can apply to your own dilemma? *For example you may recognize a need to change the rules of parenting to allow a child to grow up*.
- What does it mean to do the "feeling work" for your child? What happens when you do so? *You may have problems separating your feelings from your child's and hinder him from solving his own problems*.
- What do you think of the idea of the "triangle"? *Note that if you l look at problem behaviours this way, no one is to blame for difficulties that occur*.
- In what ways do parents have to change their parenting style as children go through adolescence? (for example: expect more adult behaviour, expect them to assume more responsibilities, help them learn to make their own decisions, risk a little less supervision)
- If the behaviours of the children described in Chapter 5, Part 3 were of a non - sexual nature, would you find them easier/ more difficult to look at objectively? How come?

Planning Notes:

- You can put the questions listed above on a handout and give them out the previous week to think about as they read Chapter 5, Part 3.

- By this point in the course, if the group process is working well, parents will be actively involved in helping and supporting one another. Group problem - solving, using the problem - solving model is then very productive.

- Remember: It is not your responsibility to solve parents' problems. It is your responsibility to give parents the tools to tackle dilemmas themselves. Your job is simply to facilitate the problem - solving by asking questions and keeping the discussion on track. (See group facilitation skills). There are many benefits when a group takes responsibility to go through these steps themselves:

1. **They gain self confidence in their own abilities.** They start to believe what you told them in Session 1, that they are the authorities, the experts, on their own situations.

2. **Sharing a problem in the group makes it shrink in size and importance.** How come? You find others have had a similar experience; you can laugh about the problem. You can stand back and look at your situation with some distance, some objectivity. You gain a fresh perspective. But we don't need to tell you this if you have been through a group experience yourself. Don't underestimate the power of group thinking.

- Where do I get in? Where do I get out? This is a universal dilemma for group leaders, both "lay" and "professional". The PLISSIT model is a useful guideline. Once parents have learned some of the principles discussed in the book and worked through the problem - solving method with an experienced group leader, they can give Permission, Limited Information and Simple Suggestions for many situations. For instance, Situations 1, 2, and 3 in Part 3 of Chapter 5 fall in this category. The situation used as an example of using the problem solving steps in the book is a good one for parent groups to tackle. Situations 3 and 4 in Chapter 3, Part 3 are more complex and may require professional counselling. Situation 5 in Part 3 of Chapter 5 definitely does. These situations belong to the IT part of PLISSIT.

These issues are more complex and require professional counselling. Situations involving sexual assault of or by someone, or situations involving serious marital or behaviour problems, are not appropriate for parent groups to solve on their own. Groups can provide support for the anxious parents and a safe place to start talking, but such situations must be referred to professional counsellors. As a general rule of thumb, whenever you feel out of your depth, refer.

- Parents can draw on material from other sessions for ideas for solving dilemmas.

B. Choose a problem behaviour that some parents are experiencing at home. Use the model to explore the interaction patterns, feelings and needs behind the problem and practice brainstorming ways to find solutions to issues at home. Emphasize again that they have had more experience observing and teaching their child than anyone else and that they are their own best resources.

Remember this key principle: To get to the root of most problems, you need to ask two major questions.

- **How do you feel?**
- **What do you need?**

Good reflective listening and good questioning (see Introduction) will help you find the answers.

The following example illustrates how the steps to problem - solving were used in one group. The parents in this group had encountered the dilemma described by parents in Chapter 5, Part 2, described by Penny: "We feel we are walking a fine line between a need for supervision and what we feel is our daughter's right to privacy."

1. *Behaviour causing concern?* Tim and Mary, both 14, were caught "petting" on the school ground. The parents of both teenagers were in the same parent group. They knew the kids were friends and realized the behaviour was probably mutual. The incident was reported to the parents by the youngsters' teacher.

2. *How is it a problem?*

   For the parents? Both of Tim's parents were very surprised that he had shown interest in sex. They thought he was too young. Each set of parents worried what the parents of the other were thinking about their child. "What kind of parent must they think I am raising a child who does this with their daughter?" "I'm afraid to raise this with Tim's parents because I don't want them to think I'm blaming them". Naturally they were both concerned that an unplanned pregnancy would happen!

   For the young people? Neither child felt there was a problem at all, except that their teacher and their parents were upset with them! They wanted to be together. They were not aware that their public behaviour was inappropriate. They did not know much about sexual feelings or the consequences of sexual intercourse.

3. *Feelings?* Both sets of parents felt a mixture of anger, guilt and fear: anger at the children; guilt because their children had been so public about their behaviour—"*It's a reflection on us as parents when our kids mess up in public*"; fear of possible pregnancy; fear that because of their handicaps, the kids could not be taught to control their impulses. They were somewhat angry at the teacher for getting so upset. As it turned out, the "sin" had been some necking; the kids had probably not been on the verge of intercourse as was first feared. What "mental filters" were operating?

   Results of these feelings? At first, Tim's parents forbade him to contact Mary; no phone calls, after school visits etc. An under standable reaction!

   Each couple approached the group leader separately with their dilemma. She helped them think through their feelings. What are you feeling? What do you need? What is your goal? What stops you from speaking directly to his/her parents? How might you raise the issue with each other? What are your choices?

   The two sets of parents decided to contact one another. They met one evening to discuss the issue. They felt the group would be not only supportive but help them think of ways to deal with the situation. "We decided our group had been working well together. We trusted them and anyway, several heads are better than 2 or 3. Brainstorming might just help."

The group helped them talk about all their feelings and needs, using the questions in the steps to problem - solving. They then tackled the needs of the teenagers.

4. *Needs of the parents?* To feel more at ease about their kids' friendship. They realized that not allowing contact would only lead to secret trysts!

5. *Needs of the teenagers?* The group looked at the tips on page 97 of Chapter 5. They decided that both kids needed frank information about private and public touching, about sexual feelings, masturbation, the consequences of intercourse, that intercourse was for adults. They also would benefit from supervised social contact in one another's homes, some experience in the art of friendship.

6. *The goal?* To help the young people learn the art of friendship and more about their sexuality. The parents hoped that meeting these needs would make the chances of sexual intercourse less likely.

7. *Solution?* After discussing some ideas, the parents decided on a practical plan to organize once weekly get togethers at one another's homes, permission for daily after school phone calls, and discussions about bodies and feelings using the guidelines and sample conversations in Chapter 5.

Tim's father: "There's nothing like a crisis like this to get us to get over our discomfort and get down to brass tacks! Tim asked all kinds of questions, mostly about how come his feelings were so strong. As his father I was able to tell him that it happened to all men, me included. I felt closer to him after our talks."

Tim's mother: "We didn't relax completely, because we knew it was unreasonable to supervise their every move. But Mary's parents didn't want to take the step of birth control pills yet and that was certainly understandable. What a mixed message that would have been since we were telling them 'No touching of private parts'"!

8. *The result?* After a few weeks of visits and virtually unlimited telephone privileges, the kids stopped calling so often. "We were really surprised. Tim announced that Mary bugged him! They got tired of one another I think. When I think about it, how perfectly normal for 14 year olds!

For the Next Session: Read Chapter 7

What Parents Say About Session 5

> *Our group leader and the other parents helped change the relationship between me and my daughter . She had been acting up badly because I needed to spend so much time with her little brother. The group helped me figure out how to get quality time alone with my daughter without adding more hours in the day. She is much easier to get along with now. It was really so simple but I had been so beside myself with fatigue and resentment that I couldn't think clearly about how to change things.*

STEPS TO "PROBLEM" SOLVING (Session 3, #1)

1. What is the behaviour that is causing concern?

2.
   - How is it a problem for you ?
   - How is it a problem for your child?
   - Who is most troubled by the behaviour: you, your spouse, your child, other children in the family?

3. What feelings are triggered by the behaviour?
   - How do you feel?
   - How do your spouse and/or any others concerned by the behaviour feel?
   - How do their feelings affect you?
   - How do these feelings affect your response to your child's behaviour?
   - How does your child feel?

4. What do you need?

5. What does your child need?

6. What would you like to see happen? What is your goal?

7. What are some possible solutions? What are the likely consequences if you try solution A? B? C?

8. Pick the best possible solution and try it out. Give it time to work. If nothing changes, try another solution.

Session 6

DECISIONS ABOUT MARRIAGE, PARENTHOOD, SEX WITHOUT MARRIAGE, BIRTH CONTROL

This session corresponds to Chapters 6 and 7 of *Shared Feelings*. The session will likely be of interest only to parents of young adults, especially those whose sons and daughters are considering such major decisions.

OBJECTIVES

1. To give parents an opportunity to discuss the pros and cons of marriage, sexual relationships without marriage, parenthood.
2. To present facts about birth control methods.
3. To discuss current policies concerning the issues of birth control and sterilization.
4. To present facts about STDs.

SESSION 6 OVERVIEW

TOPIC	TYPE OF ACTIVITY	PAGE
1. Decisions about Marriage and Parenting	Discussion	124
2. Facts About Birth Control and Sterilization	Presentation	127
3. Facts About STDs	Presentation	128

1. DECISIONS ABOUT MARRIAGE AND PARENTING

Purpose: To give parents a chance to discuss their feelings about sexual relationships, marriage and parenting for their adult sons and daughters. This session really concerns feelings about the ultimate "letting go" experience and what implications these feelings have for decision - making about these issues for both parents and children.

Materials: Handouts for this session; Project Get Set videotape (described later) or Une Sexualité à Vivre

Time: As needed

Procedure:

1. Distribute the handout *About Marriage and Parenting: How to Decide?*

2. Ask the following questions:

- In the story about Heather and Tim in Chapter 6, what points stood out for you?
- How easy/difficult would it be for you to let go in the way that Dorothy and Jack did? How come?
- How did Heather and Tim decide about parenting? What factors were taken into consideration? *Emphasize the time taken to teach them decision - making skills.*
- What do you think about the points in the handout *About Marriage and Parenting: How to Decide?* How do you feel about the possibility of marriage/parenthood for your child?
- What is your "bottom line" in terms of feeling comfortable about a marriage of your son or daughter? That is, what skills must they have, what supports need to be guaranteed?

3. How do you feel about the issues raised by the stories in Chapter 6, of three young women making a decision about unplanned pregnancy?

4. Show Tape 3, Segment 3 from the Project Get Set tape series, in which Dan discusses his feelings for a young woman. Ask for comment.

(The *Project Get Set* tapes were developed to train staff in group homes in Nova Scotia in the skills of group sexuality education. They were developed with funding from a Health and Welfare Canada project sponsored by C.A.C.L., N.S. Division. There are four tapes. They depict relationship - building skills and illustrate the PLISSIT model for giving sexual information to groups of adults who have a mental handicap. Although intended only for staff training purposes, parents of adults who participated in the Maritime Parent Sexuality Education Project found them useful. The tapes plus guidelines for their use can be obtained through C.A.C.L., N.S. Division; P.E.I. A.C.L; and N.B. A.C.L. See references at the end of this session. The tapes are to be used for parent or staff training only)

ABOUT MARRIAGE AND PARENTING: HOW TO DECIDE?

(Session 6, Handout #1)

A. *What are some advantages and disadvantages of marriage for people who have a mental handicap?*

Advantages:

They will have a companion who will prevent loneliness.

Their lives may be broadened from being involved with their spouse's family.

They may have more freedom from family supervision and will be free to choose their own activities.

They can express their sexuality as fully as they wish.

A greater sense of accomplishment, security, and self-confidence may result from being loved and sharing the responsibilities involved in the care of a home.

Disadvantages:

Sharing someone's life means sharing his or her problems. The couple may be unable to cope with additional stresses.

One partner may have more needs than the spouse can cope with on his or her own. If this is the case, the couple would be better off with a supervised relationship.

B. How can you assess whether or not your young adult can sustain a marriage? Here are some guidelines to follow:

Is the love relationship based on respect and affection?

Are they able to cope with their problems?

Are they capable of carrying on lasting relationships?

Are their expectations of marriage and of each other realistic?

Is at least one partner able to take responsibility for home, finances, birth control?

Are they able to control their emotions reasonably well?

Are there any special health problems which will cause problems in their relationship?

Are there advocates available who are willing and able to give the right kind of support when and if needed? (Session 6, Handout#1)

C. Questions to ask ourselves when we are trying to determine whether we should support or discourage a marriage for our son or daughter:

Are we supporting the idea of marriage for unrealistic reasons or for our own needs?

Do we want to make up for other deprivations our child has had to endure?

Do we want to give our child a companion?

Do we think marriage will make our child look more normal to society?

Are we not allowing our child to grow up?

Are we having difficulty accepting our child's sexuality?

Do we feel we have to be predominant in our child's life: are we having difficulty letting go? If so, how come?

D. Parenthood is a responsibility not a right!

Here are some musts for adequate parenthood:

The ability to plan for the future - a day, a year, ten years.

Sound judgment and emotional maturity.

The ability to care for a child's health and provide proper nutrition.

The ability to provide an atmosphere of intellectual stimulation for a child.

Willingness and ability to take responsibility constantly - day by day, hour by hour - for another person.

2. FACTS ABOUT BIRTH CONTROL AND STERILIZATION

Purpose:
1. To present facts on birth control methods and sterilization.
2. To give parents an opportunity to discuss their feelings about the current laws about sterilization and their implications for their own situation.

Materials: Articles on sterilization from *Entourage* (See Suggested Reading at the end of this session.), Chapter 6, section on birth control methods.

Time: As needed.

Procedure:
This can take the form of a question and answer discussion.
Note: If you do not have a thorough knowledge about birth control and about the sterilization issue, invite the appropriate resource people to present this session.

Discussion Points:

1. Which methods of birth control are most appropriate for my son or daughter?

2. What are the advantages and disadvantages of each method?

3. How can I decide whether or not my son or daughter needs birth control?

4. How do I discuss birth control with my son or daughter?

5. What are your feelings about the current legislation about sterilization? Emphasize the following points:

- that people who learn well how to make decisions when they are young, can, with proper counselling make an informed decision about sterilization.
- that making a truly informed decision takes *time;* people need to know that sterilization means no babies ever; they need to know what the procedure involves, etc.

3. FACTS ABOUT STDS

Purpose: to acquaint interested parents with the facts about STDs and ways of presenting the facts to their children.

Materials: Chapter 7, *Shared Feelings, CIRCLES* (see references).

Time: As needed.

Procedure:
If you are not knowledgeable about STDs, invite a resource person to present this section.

Discussion Points:

1. When do young people need this information?
2. How can you give them the facts? (The CIRCLES program is designed for adults who have a mental handicap. You could show parts of it and ask parents if they think it would be a useful resource for their children).

Summary of Session 6.
Review the Ladder concept from Session 1, emphasizing that the growth to maturity takes place one step at a time. Some people will be able to develop all the skills needed to sustain a marriage; others will not.

For The Next Session:
Read Chapter 8.

What Parents Say About Session 6

> *Our son is 17. He seems so far from being able to consider marriage. We cannot even speculate how we'll feel if he ever wants this. We like the ladder idea, taking one step at a time and teaching first things first.*
>
> *As a parent I really regret not being able to decide about sterilization. My son may want a relationship at some point but he would never be able to parent.*
>
> *As tough as it is, I believe I do not have the right to decide about sterilization for my child.*

Suggested Reading

Rioux, M. (1987). The right to control one's own body: A look at the "Eve" decision. *Entourage*, Winter, 1987, **2** (1), 26 - 31.

Endicott, O. (1987). All about "Eve". *Entourage*, Winter, 1987, **2** (1), 21 - 24.

Vogel, P. (1987). The right to parent. *Entourage*, Winter, 1987, **2** (1), 33 - 39.

Videotapes

Project Get S.E.T. Tapes available from:

C.A.C.L. Nova Scotia Division, 83 Portland St., Dartmouth, N.S.,
B2Y 3H5

New Brunswick A.C.L., 86 York St., 2nd Floor, Fredericton, N.B,
E3B 3N5

Prince Edward Island A.C.L., 171 Hillsboro St., Charlottetown, P.E.I.
C1A 4

Une Sexualité à Vivre. (1983). Available from:

Le Centre de Communication en Santé Mentale de L'Hôpital Rivière de Prairies, 7070 Blvd. Perras, Montréal, P.Q. H1E 1A4

Adults who have a mental handicap discuss their choices of lifestyle, being single, being married, choosing not to have children. The tape includes a discussion of false beliefs about sexuality and mental handicap.

Session 7
SEXUAL ABUSE

This session presents facts about sexual abuse. It also helps parents review everything they have covered in the sessions and reflect on what the program has meant to them.

OBJECTIVES

1. To present facts about sexual abuse.
2. To review concepts covered in the program that help kids become less vulnerable to sexual abuse.
3. To reflect on the meaning of the program to parents.
4. To discuss the question: Where do we go from here?

SESSION 7 OVERVIEW

TOPIC	TYPE OF ACTIVITY	PAGE
1. Fact and Fancy About Sexual Assault of Children	Quiz	132
2. What Have We Learned? What Will We Do With What We Learned? Where do We Go From Here?	Discussion	137
3. Closing: Taking Care of Ourselves	Discussion	138

1. FACT AND FANCY ABOUT SEXUAL ASSAULT OF CHILDREN

Purpose: To provide a quick and interesting way to cover important facts about the issue of sexual abuse.

Materials: Quiz: *Fact and Fancy About Sexual Assault* .

Time: As needed.

Procedure:
1. Begin with a brief review of concepts discussed in the sessions. Say something like "You're already helping your child be less vulnerable to sexual abuse by using the teaching ideas in *Shared Feelings*. Let's review briefly what the skills are that can help someone become less vulnerable to sexual exploitation".

List parents' suggestions on newsprint.

- **developing self - esteem**: learning to make decisions, expressing one's own ideas and opinions; learning about feelings; becoming assertive

- **learning social skills**: learning to make conversation; solving the "who to hug" question.

- **learning sexual information:** about bodies and feelings; about " public and private"; about sexual feelings.

2. Distribute the quizzes. Read each statement and ask parents to respond true or false. Discuss each question. Explanations for all of the answers can be found in Chapter 8.

(**Answers:** 1. T, 2. T, 3. F, 4. T, 5.F, 6. T, 7. T, 8. F, 9. F, 10. T, 11. T, 12. T.)

3. Ask:
What points in Chapter 8 had meaning for you? Which would you like to discuss?

Points to stress: Use the information from Chapter 8 to discuss each point.

1. It is unrealistic to expect children to prevent sexual abuse just by teaching them to say "No". We can, however, give them enough confidence to tell us when it happens. What needs to happen to prevent people from molesting others in the first place? *See pages 147 - 148.*

2. What are the signs that someone may have been sexually abused? *See pages 149 - 150.*

3. How should you respond if your child tells you about sexual abuse? It is very important to say *"I'm glad you told me; I believe you; it's not your fault; he did something wrong"*. How come? So neither you nor your child feel blame. See page 157.

4. What should you do if you suspect sexual abuse? *Report to Family and Children's Services or Child Welfare Agency. See page 157.*

5. How can you respond if your adult son or daughter tells you s/he has been coerced into sexual activity by a friend? What might they be feeling? *Confusion! See pages 163 - 165.*

6. When should you consider professional counselling to deal with the abuse? *Don't try handling this yourself. Get help for your child and yourself to deal with your feelings and hers. Get help to deal with difficult behaviour that may result from the abuse. Get help and support while awaiting court proceedings. See pages 153 - 159.*

7. How can we as parents achieve a balance between giving a positive message about sexuality while at the same time, helping our kids avoid being abused?

   - *Use the PLISSIT model for communicating about bodies and feelings.*

   - *Stress who the people are in the child's life that he* can *get hugs from.*

   - *Teach about "okay " and "not okay" touch, how to say "No" as matter - of - factly as you would teach about crossing the street.*

- *Remember that although all the teaching tips in the book can help someone be less vulnerable to abuse, they also help a child become a self - assured adult who feels good about herself. That's a good goal all by itself, isn't it?*

Planning Notes:

- You may wish to invite a social worker from Family and Children's Services to discuss this issue if parents are interested in information about sexual abuse investigations and treatment of survivors of sexual abuse.

- The issue of sexual abuse can trigger strong emotions. The educators for the *Maritime Sexuality Education Project* found that some mothers in their groups had been sexually abused as children. Others had children who had been sexually abused. Some parents were in the midst of long painful investigations and court proceedings. A few had to deal with the shock of realizing, during a group discussion of symptoms of abuse that their child may be a victim of sexual abuse.

  As a parent working with other parents, what is your role and the role of the group when painful disclosures surface? Remember our rule of thumb? When you are out of your depth, refer. Look at the PLISSIT model for guidance. Here's what you can do as a group:

P You can listen with empathy as a parent shares some of her feelings. *That must have been very painful for you. What you are feeling is okay.* However it is not your job to help her sort out all her feelings in the group. See suggestion under IT.

LI You can give a little information. *This is not your fault. Feeling guilty is common. However none of what happened is your fault.*

SS One mother related some unusual behaviour of her daughter. The group suggested she talk to Family and Children's Services. The group leader checked with her later in the week to see if she had been able to follow up on this suggestion.

Another mother described some very painful feelings connected with her own abuse as a child. These feelings had become very intense when she discovered that her daughter had been sexually assaulted, so intense she had trouble giving support to her daughter without feeling overwhelmed. The group helped reassure her that her feelings were understandable, that asking for professional counselling was good and important, not a sign of weakness as she thought. Given the intensity of her turmoil the group leader suggested she contact a family counselling agency for help.

IT It is not the role of the group to suggest how a parent might deal with her own pain. Nor is it up to the group to suggest how she deal with her child's fears and behaviours. This requires professional therapy. The mother described above was referred for therapy. You can say *"This sounds like a very painful time for you. There's a lot to sort out. What you are sharing would be important for a counsellor to help you with."*

- Of course, most group members will not have had such personal experience with sexual abuse. This session will give them a heightened awareness of the issues. It is important to mention that as parents, we must strike a balance between being alert to the need for instruction about sexual abuse and giving children positive messages about their bodies and feelings in a relaxed way. This is a tricky balance to achieve. Parents are often anxious enough about their child's sexuality without reinforcing that anxiety by talking about how common sexual abuse is! Too much anxiety can lead to too many "don'ts" and too much supervision. As Chapter 8 states, if we always teach no hugging and touching, *"we'll have a child who is fearful and mistrustful of others and ironically, uncomfortable with his own body! (pg. 147)"*

FACT AND FANCY ABOUT SEXUAL ASSAULT
(Session 7, Handout#1)

Put a T for true or an F for false in the space beside each statement.

__1. One in 4 - 5 girls and 1 in 10 boys are sexually assaulted before the age of 18.

__2. Most sexual offenders are known to the victim.

__3. Sexual assault is a spontaneous act brought on by uncontrollable sexual desire.

__4. Most abusers don't use force.

__5. Children and adults who have a mental handicap often make up stories about sexual abuse.

__6. Sexual assault involves a broad range of sexual acts.

__7. Of all those charged with sexual assault, a higher proportion have a mental handicap.

__8. Most sexual assaults on boys are committed by homosexuals.

__9. Children may provoke sexual assault by adults by acting seductively.

__10. It is normal for children to be sexually attracted to their parents and other adults.

__11. The vast majority of sexual assaults occur in the homes of the victim or offender.

__12. It is normal for parents to be sexually attracted to their children.

2. WHAT HAVE WE LEARNED? WHAT WILL WE DO WITH WHAT WE LEARNED? WHERE DO WE GO FROM HERE?

Purpose: to reflect on the meaning of the program to parents.

Materials: newsprint, marker

Time: 20 minutes

Procedure:

1. Review the expectations that parents listed at the beginning of the program. Have them point out how much they have accomplished. This assessment is very affirming. It helps parents appreciate how hard they have worked together as a group. They can congratulate themselves on a job well done!

2. Ask parents to reflect on what they have learned during the program. There are many ways to facilitate this discussion. Here is one suggestion:

Ask each parent in turn to complete some of the following unfinished sentences. Have them share their responses verbally with the group.

- The most important thing I learned was--------------------

- I will act on what I learned by ----------------------------

- I tried helping my child learn------------------------------
  The result was--

- I didn't think I could--------------------------------------
  I discovered that --

- I didn't think my child could------------------------------
  I discovered that--

3. Ask: Where do we go from here? You could discuss how they could set up a support system so that parents could support each other and obtain assistance when needed. Some groups in the Maritime Parent Sexuality Education Project felt that after six or seven or eight sessions, they had only just begun. They wanted to continue.

Note: If you would like information about how the Maritime Parent Sexuality Education Project set up mechanisms for ensuring continuing support and information networks, contact the following A.C.L.s.

C.A.C.L. Nova Scotia Division
83 Portland St.
Dartmouth, N.S. B2Y 3H5
902 - 469 - 1174

Prince Edward Island A.C.L.
171 Hillsboro St.
Charlottetown, P.E.I. C1A 4W8
902 - 566 - 4844

New Brunswick A.C.L.
86 York St., 2nd floor
Fredericton, N.B. E3B 3N5
506 - 458 - 8866

3. CLOSING: TAKING CARE OF OURSELVES

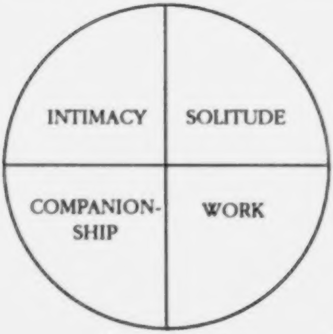
Purpose: to remind parents of the message of Chapter 1, checking in often with themselves, with one another if they have a partner.. How are *we* doing, we two?

Materials: newsprint, marker

Time: 10 minutes

Procedure:

1. On newsprint, draw a circle with four quadrants, as follows.



2 Say something like: "Each of us requires balance in our lives in order to function well and feel good about ourselves. It is important to divide our time so that no one of these four quadrants is empty for too long. If, for instance, we aren't getting enough solitude or intimacy and we are doing too much work, certain tell-tale signs let us know something needs to change. Can you think of some such signs? " Write their suggestions on newsprint. Include the following:

a. tired all the time

b. impatient, short attention span

c. not being able to give to others

d. difficulty making eye contact

e. too many physical symptoms such as backache, headache

f. too many negative thoughts

g. less enthusiasm

h. feeling stressed and anxious

"If you recognize yourself, it's time to take stock. Let's think of ways you can make time to fill those empty spaces."

This is a good opportunity to brainstorm ways for getting their personal needs met. Perhaps some of the points discussed in Chapter 1 will help.

Close with the following (Optional. Some groups like this closure.)

"Let me tell you a story. It goes like this.

"Once there was a man who took a long journey. He walked until he came to a crossroads where the path diverged to the left and to the right into a forest. He chose one path and after a time, came to a clearing. There he saw a strange sight. Twelve people were seated around a large cauldron of soup. Each person held a ten-foot long wooden spoon which was dipped into the soup. Everyone was silent and appeared very sad. The traveller inquired 'Why are you all so unhappy?' The group replied 'We have a large cauldron of soup and spoons to eat it, but our spoons are too long and we cannot feed ourselves.'

The man was distressed by this and decided to leave the place. He returned to the crossroads and ventured down the other path. Once again, he came to a clearing in the forest. Again, he saw twelve people seated around a similar cauldron of soup. And again, each person held a ten-foot long wooden spoon dipped into the soup. But something was very different. These people were laughing and talking; they looked happy and joyful. The man was puzzled. How was it, he wondered, that they seemed so cheerful? They had a similar cauldron of soup and the same ten-foot long wooden spoons dipped into it. 'How is it', he asked, 'that you are enjoying yourselves so? You seem so content.' Came the reply: 'We are feeding each other.'

Hassidic proverb

What Parents Say About Session 7

> *Our discussion about sexual abuse really made us think. We're more aware of how important it is for our son to learn to make his own decisions. Now we give him a lot more choices about what he does or does not want to do .*
>
> *Before this program I didn't think my daughter could learn very much about anything. She does not talk. I decided to start with first things first, teaching her about feelings and about her body. She can now point to every part of her body, including the sexual parts, when I name them. She smiles and is so pleased. So am I!*

Suggested Reading

Baladerian, N.J.; Dankowski, K. (1986). ***Survivor: For people with developmental disabilities who have been sexually assaulted.*** Los Angeles: Los Angeles Commission on Assaults Against Women.

Doyle, L.; Hammersley, P. (1988). ***Helping your sexually abused child***. Vancouver. Society for Assistance in the Community Today.

The G. Allan Roeher Institute (1988). ***Vulnerable: Sexual abuse and people with an intellectual handicap***. Toronto.

The G. Allan Roeher Institute

Canada's National Institute for the Study of Public Policy Affecting Persons with an Intellectual Impairment

The G. Allan Roeher Institute has two major goals:

- to identify and anticipate future trends that will support the presence, participation, self-determination and contribution of persons with an intellectual impairment in their communities;
- to foster the exchange of ideas leading to new ways of thinking about persons with an intellectual impairment.

The Institute conducts, sponsors and publishes research in a wide range of areas, with a major focus on public policy and funding, on studies of innovative social programs and on the development of policy alternatives. It offers training programs and workshops across Canada on topics such as integrated education, post secondary education, leisure, employment, and alternatives to intrusive methods of behaviour modification. Through its Information Services, which include a library, a book and film distribution service, and a computer accessible information system, The Institute provides up-to-date information to the public, professionals and community groups. The Institute also publishes the quarterly magazine **entourage.**

The G. Allan Roeher Institute is sponsored by the Canadian Association for Community Living, a voluntary organization bringing together over 400 local and twelve provincial and territorial associations working on behalf of persons with an intellectual impairment.

For more information about The G. Allan Roeher Institute , please contact us at:

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Selected Publications of The G. Allan Roeher Institute

entourage is a quarterly bilingual magazine that looks at how people with mental handicaps can be supported by the community to live, learn, work, and have fun in the community. **entourage** includes the most current information on issues and upcoming events, and provides the most comprehensive way of keeping in touch with what's happening in the lives of individuals with a mental handicap.

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The Pursuit of Leisure: Enriching the Lives of People Who Have a Disability, 1989 (second edition)

Leisure Connections: Enabling People With a Disability Lead Richer Lives in the Community, 1989

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Making Friends: Developing Relationships Between People With Disabilities and Other Members of the Community, 1990

Poor Places: Disability-Related Residential and Support Services, 1990

Literacy and Labels: A Look at Literacy Policy and People With a Mental Handicap, 1990

The Power to Choose: An Examination of Service Brokerage and Individualized Funding as Implemented by the Community Living Society, 1990

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